Software User's Manual

AFHCAN Client Software

Version 4

Document ID: PUB-120

Revision C

The information in this manual was based on software build number 4.5.0.31.

The names of providers and patients used in illustrations in this document are fictitious.

Every effort has been made to ensure this manual is accurate, complete, and useful. Please notify us of any suggestions for improvement using any method of contact listed below:

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Section 1 – Introduction

1.1 Strategies for Learning AFHCAN Software

1.1.1 There is No Substitute for Experience

The best way to learn the AFHCAN software is to jump in and use it. The more you use it, the better. Feel free to experiment and see what the software will do. Screens are designed around a logical workflow. Messages will pop up from time to time to add details or to call your attention to specific items. Test cases can safely be used for experimenting and learning.

1.1.2 Achieve Quick Success

New users are encouraged to follow the tutorial in Section 2. The goal of Section 2 is to help you experience success the first time you use the software.

1.1.3 Expand your Knowledge

When you are ready to deepen your understanding of the software, take the time to read through Section 3. Section 3 explains important concepts that skilled users should be aware of.

1.1.4 Be Flexible

The software can vary slightly from what is illustrated in this manual depending on such factors as:

- whether the software is running on a PC workstation or an AFHCAN Cart
- the number and types of medical devices attached to the Cart
- the configuration settings of the software
- the version number of the software
- where you are in the operating sequence

1.2 Overview of the AFHCAN Software

AFHCAN software is a tool for communicating medical information from one healthcare provider to another via a communications network. The AFHCAN software is designed to run on an AFHCAN Cart (see Figure 1), but can also run on a PC workstation. A PC workstation is an ordinary personal computer, including laptops.

In a typical scenario, a provider in one location sees a patient and desires a consult from a provider, perhaps a specialist, in another location. The originating provider can use the AFHCAN Cart to develop a case history for the patient. The AFHCAN Cart consists of a computer, a network connection, and a variety of attached medical devices such as a video otoscope or an ECG. The medical devices generate digital images or data that is stored in the computer. AFHCAN software associates the medical information with the patient, thereby creating a case.

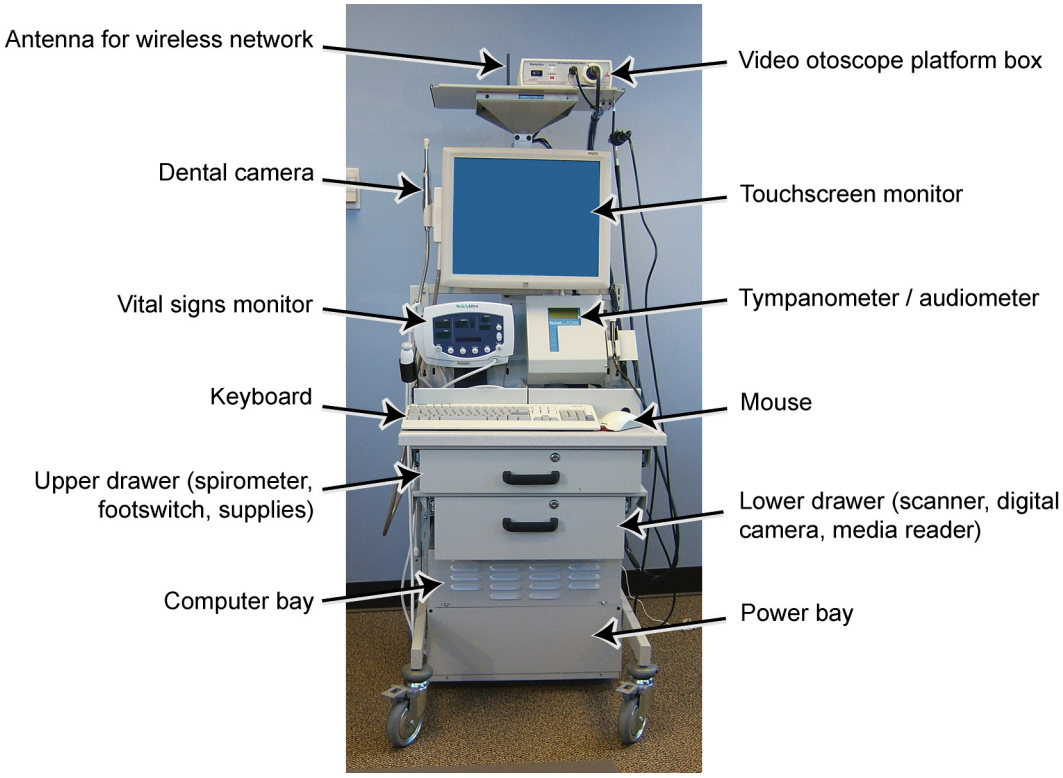


Figure 1
AFHCAN Cart, Version 3, with typical devices attached

Once the medical information has been assembled into a case, the AFHCAN software is used to send the case over a network to another provider. The receiving provider, working at an AFHCAN Cart or at a PC workstation running AFHCAN software, can open the case, review the medical information, add instructions or comments to the case, and send it back to the originating provider. This is just one example of a typical workflow.

Because the AFHCAN software reads and stores the images or data directly from the attached medical devices, the receiving provider sees exactly what the originating provider sees with little or no loss of detail.

One important advantage of AFHCAN software is that it employs a ***store-and-forward*** strategy in handling the data. Network communications can be subject to long delays if large amounts of data are being transmitted, especially when network connectivity is a problem. The AFHCAN software is designed to transmit a case over a period of time. Once the case has been fully assembled at the receiving location (the local server), the receiving provider is notified that a case is available. The receiving provider can then open the case at his or her convenience.

The AFHCAN software ensures patient confidentiality by encrypting the data. The AFHCAN software ensures network security by only allowing connections to known and verified Carts, workstations, and servers.

Section 2 – Getting Started

2.1 A Word of Encouragement

This section is a tutorial that will help new users achieve quick success in using the AFHCAN software. A basic but complete sequence for using the software has been broken down into easy-to-follow steps. These steps are numbered and in bold.

We encourage you to perform these steps while actually using the software. However, it is possible to use this tutorial even if you don't have access to a PC workstation or Cart. All the information you will see on your screen is included in this document.

Along with the steps are brief explanations about information on the screens. If the brief explanation mentions a button or feature, you are welcome to try it. On the other hand, if you wish to get through the tutorial more quickly, you can skip the explanations for now and just focus on the numbered steps.

It should take about 30 minutes to complete this tutorial.

2.2 Interacting with the Software

The AFHCAN software is designed for ease of use. Most of the actions you can take in the software are represented on the screen by buttons. Each button has a short label indicating the action that results when this button is "pressed" or "pushed."

The AFHCAN Cart is equipped with a touch-screen monitor. Simply touch a button on the screen to activate a button's function.

For those who prefer to use a mouse, clicking on a button is exactly the same as touching it on the screen. Simply move the mouse cursor over the desired button on the screen and give the left mouse button a single tap. If you are running the software on a PC workstation instead of a Cart, using the mouse to click on buttons may be your only option.

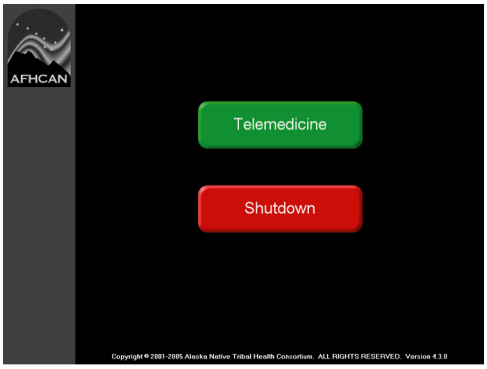
In reference to on-screen buttons or features, the terms *press*, *push*, *touch*, or *click on* all refer to essentially the same thing.

2.3 Tutorial

2.3.1 Starting the Software on the AFHCAN Cart (2 steps)

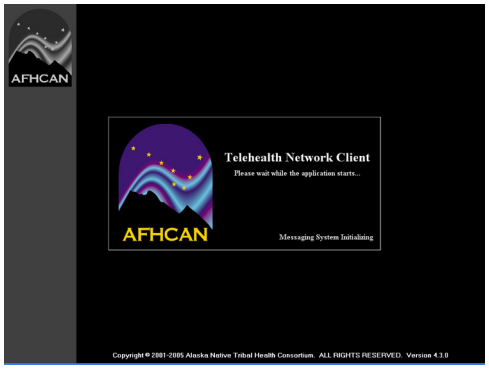
1. **Turn on the Cart's power switch.**

   A sequence of *Windows* startup screens will be displayed first, and then a screen similar to the one at the right will appear.


AFHCAN
Telemedicine
Shutdown
Copyright © 2001-2005 Alaska Native Tribal Health Consortium. ALL RIGHTS RESERVED. Version 4.3.0

2. **Press**

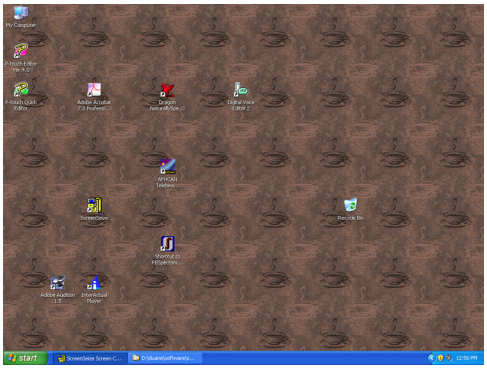
The screen at the right will briefly appear during startup.


AFHCAN
Telehealth Network Client
Please wait while the application starts...
AFHCAN
Messaging System Initializing
Copyright © 2001-2005 Alaska Native Tribal Health Consortium. ALL RIGHTS RESERVED. Version 4.3.0

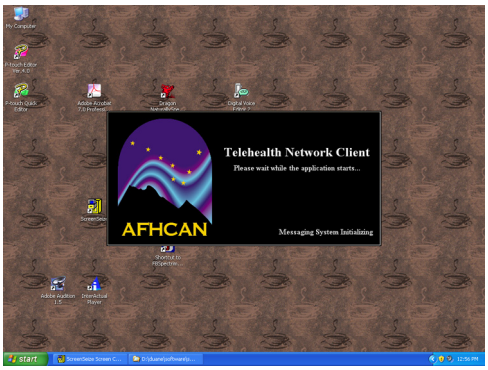
After a moment, the ***Login*** screen will appear. (Continue with *Logging In* below.)

2.3.2 Starting the Software from a PC workstation (1 step)

1. **Double-click the AFHCAN icon on your desktop.**

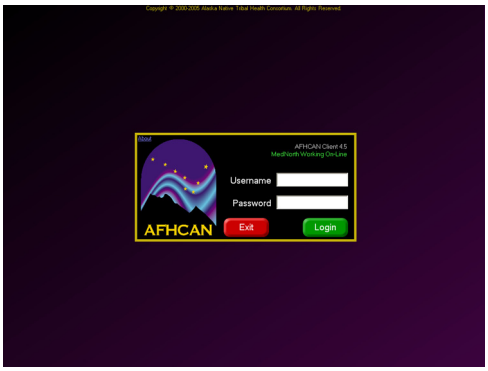


A screen similar to the one at the right will briefly appear during startup.



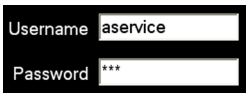
After a moment, the Login screen will appear. (Continue with Logging In below.)

2.3.3 Logging In (2 steps)



1. Enter your username and password.

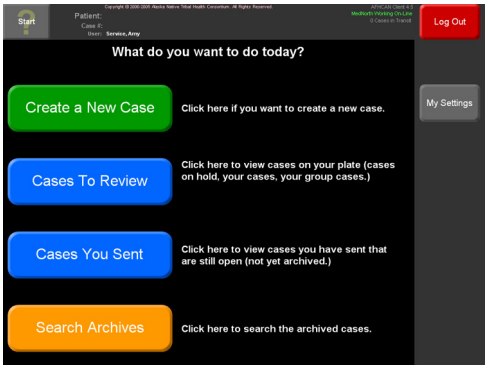
Your username and password are provided by your administrator.



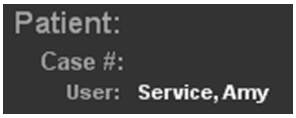
The software version, the server name, and the server connection status (*Working On-Line*) are shown.

2. Press

2.3.4 Creating a New Case (23 steps)


Start
Log Out
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
My Settings
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

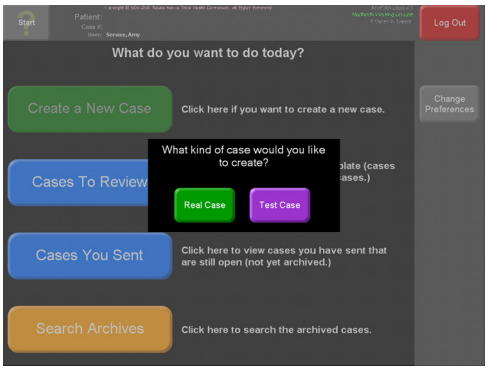
Your name appears at the top as the current user.



1. Press

2. Press

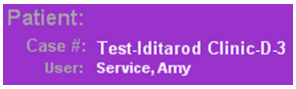
Test cases use pretend patients. Test cases allow you to try all the features of the software without risk to an actual patient record.

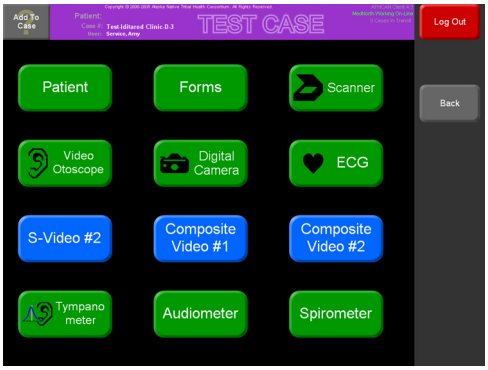

What do you want to do today?
Create a New Case
Click here if you want to create a new case.
What kind of case would you like to create?
Real Case
Test Case
Cases To Review
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.
Log Out
Change Preferences

The screen to the right is a typical example. Exactly which buttons will appear on your screen depends on the installation and the devices installed.

The top bar is purple, indicating that this is a test case.

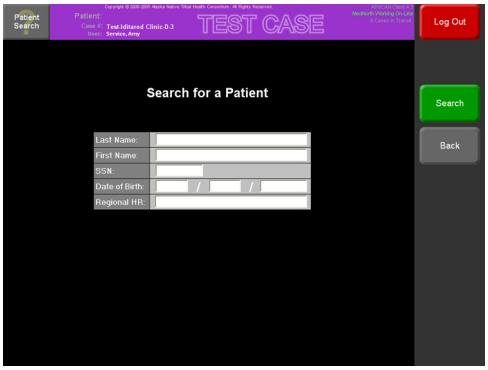
A case number has been assigned by the software.





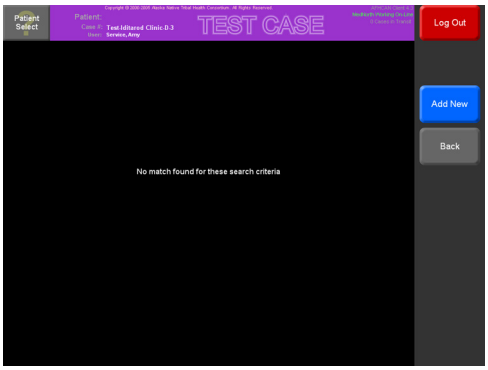
3. Press

4. Enter the letter *b* in the last name field.



5. Press

The software will produce a list of all test patients whose last names begin with ***B***. Upper-case (capital letters) or lower-case letters will work.



In this example, a message came up indicating none of the existing names in the database begin with the letter ***B***.

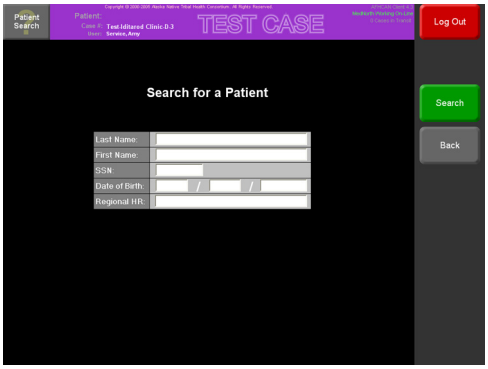
No match found for these search criteria

Because patient information varies from server to server, a list of names beginning with the letter ***B*** may or may not be displayed.

The **Add New** button is available for adding a new patient.

6. Press

Back



7. Leave all fields blank as shown.

If necessary, place the mouse cursor in the field and backspace to delete any contents.

8. Press

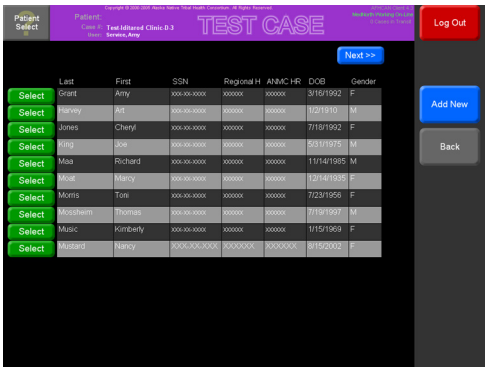
Search

By leaving the search fields blank, the system returns a list of all the patients currently in the database. Blanks are like wildcards, which means "match anything."

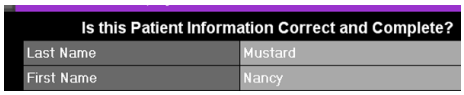
The **Next** button allows you to move to the next group of patient names in the list.

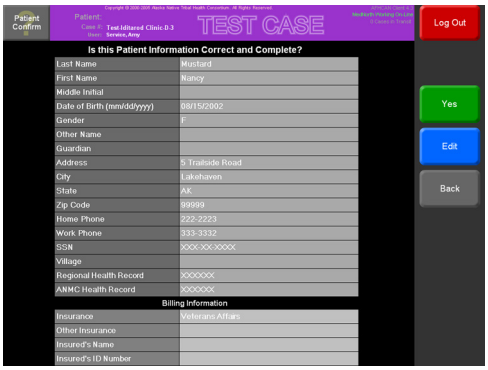
9. Choose any available patient and press

Select



This screen allows you to verify the information for this patient.

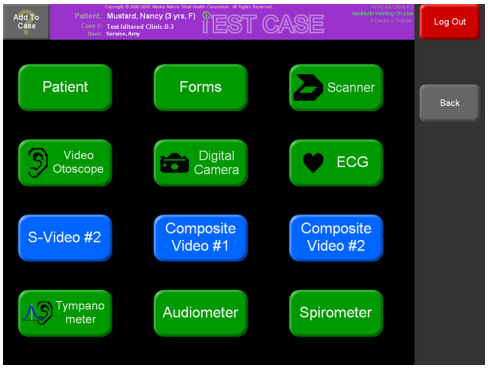




The **Edit** button allows you to edit the patient information.

10. Press

The patient's name now appears in the upper bar. Clicking on the circled **i** brings up a display of patient information.

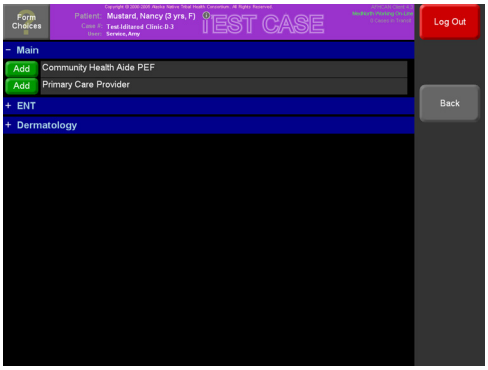


11. Press

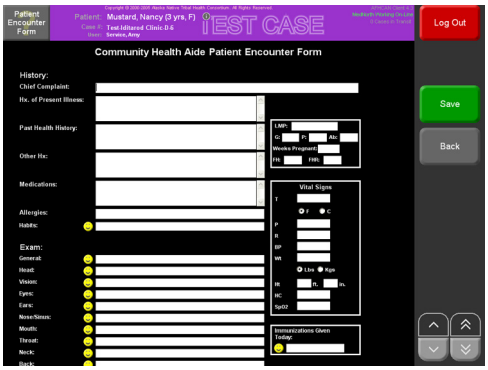
Custom-designed forms for entering patient medical histories have been created for various medical specialties.

Clicking on a plus sign expands the list of forms hidden in a category.

Clicking a minus sign hides the list under the category bar.



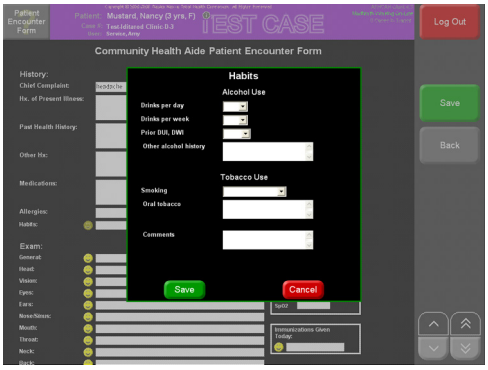
12. Press



Forms with many data fields are too large to view on a single screen. To see the remainder of the form, you can press the scroll buttons in the lower right corner.

13. Type "headache" in the space as shown.

14. Click on the Habits "smiley face."



Clicking on a smiley face opens a window with automatic pull-down menus for that topic.

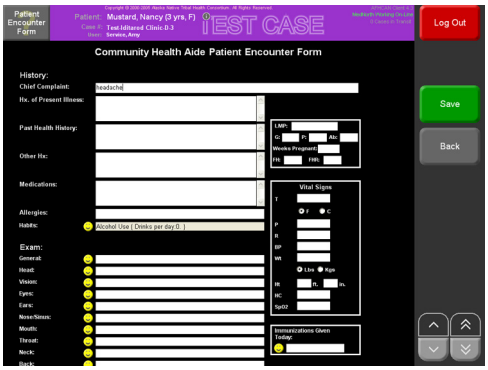
You can complete much of a form by clicking on available selections instead of typing all the information.

15. Click on the down arrow in the box next to Drinks per day, then click on one of the available choices.

16. Press

The selected information is entered in the field automatically.

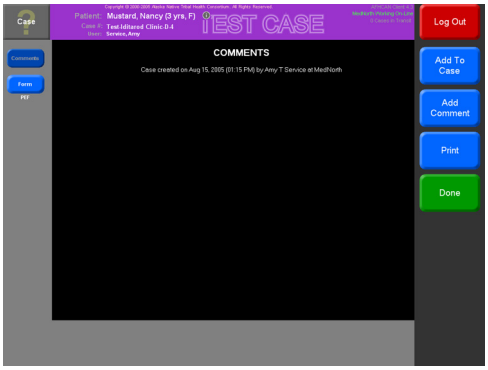
17. Press



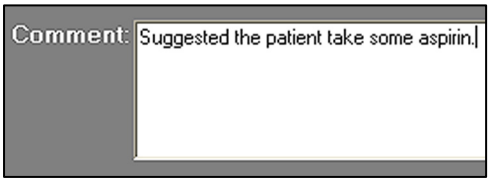
Saving the form takes you to the ***Case*** screen, which presents a summary of all information in the case.

All forms, images, and data associated with the case will be listed in the left bar of the screen. So far, this case only has an automatic comment and a form.

18. Press



19. Type a comment in the available space at the bottom of the screen.



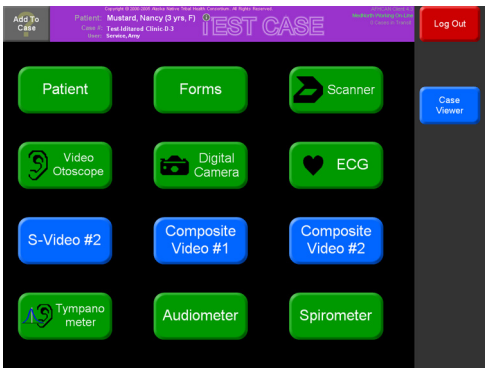
20. Press

The comment has been added to the case.

21. Press

You can go back and forth between the ***Case*** screen and the ***Add To Case*** screen as often as you like to add images or data from attached medical devices.

Details on the use of other buttons are provided in separate manuals for the various peripheral devices.

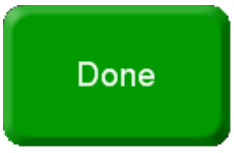


22. Press

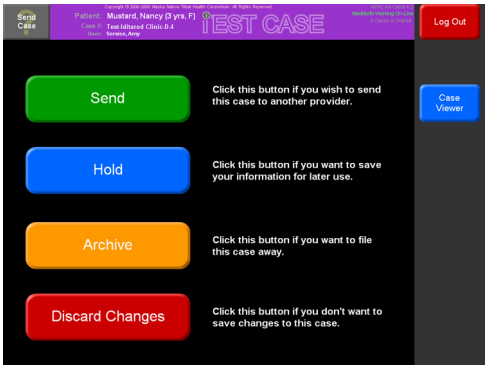
Existing information in the case can be viewed from this screen, but new information must be added in the ***Add to Case*** screen.

For now we will assume all the medical information that should be added to this case has been added.

23. Press



2.3.5 Sending a Case (7 steps)

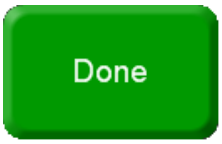

Send
Click this button if you wish to send this case to another provider.
Hold
Click this button if you want to save your information for later use.
Archive
Click this button if you want to file this case away.
Discard Changes
Click this button if you don't want to save changes to this case.
Case Viewer
Log Out

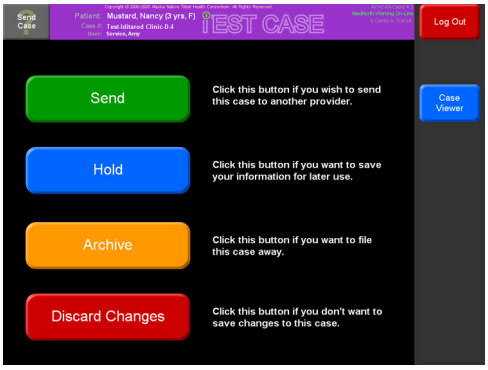
In many situations, the program will give you an opportunity to go backwards in the sequence. If you discover you need to add to the case, you can return to the ***Case*** screen, and from there, return to the ***Add to Case*** screen as mentioned above.

1. **Press**

This example is just to demonstrate the idea of going back. Let's proceed with sending the case.

2. **Press**




Send
Click this button if you wish to send this case to another provider.
Hold
Click this button if you want to save your information for later use.
Archive
Click this button if you want to file this case away.
Discard Changes
Click this button if you don't want to save changes to this case.
Case Viewer
Log Out

Details on the various choices available on this page are provided elsewhere.

3. **Press**

Important Notice

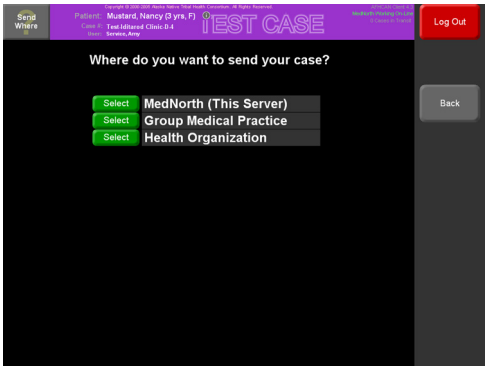
At this point, there may be some variation in the sequence of screens. There are two reasons why this would occur:

1. You or your administrator may have selected someone to be a default recipient for your cases. The sequence below assumes a default recipient has not been selected for you.

2. The sequence may vary depending on the network your computer is connected to. All Carts and PC workstations are connected to a network server. Some servers are networked with other servers. The sequence below assumes your server is connected to other servers.

If the screen immediately following this notice in the next step is not similar to the screen you see on your computer, continue reading through the tutorial until you find the best match, then resume following the sequence from that point forward.

The server to which your computer is networked is identified in the upper right corner of every page.



Beside the server name (MedNorth) is an indication of whether the connection to the server is present or absent (*Working On-Line* or *Working Off-Line*).

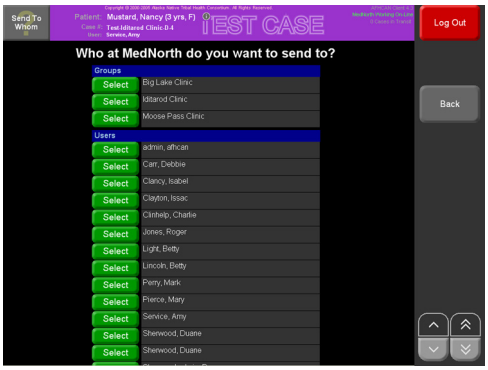
The software is designed so you can still develop a case while working Off-Line. It will be sent when connection is reestablished.

The version number of the software currently running on your workstation is also shown.

4. Selecting your own server, press

Instead of sending a case to an individual, you can send it to a group. Administrators establish groups and assign individuals as members of the group. For more on groups, see Chapter 3.

In this example, however, you will send the case directly to yourself.

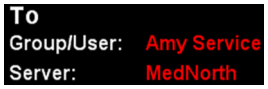


5. Beside your own name, press

Note: the *Send Summary* screen at the right may be the first screen you see after you pressed Send above.

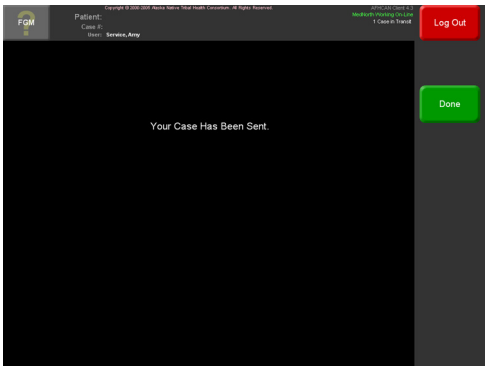
If you encountered this screen as the first screen after the notice, push the **New Recipient** button and select yourself as the recipient. The procedure is similar to what was described above.

The screen identifies the sender and the recipient.



The screen also presents a summary of the case contents.

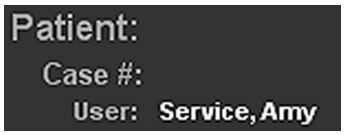
6. After you have been selected as the recipient, push

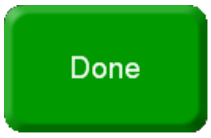


This screen confirms that the case has been sent.

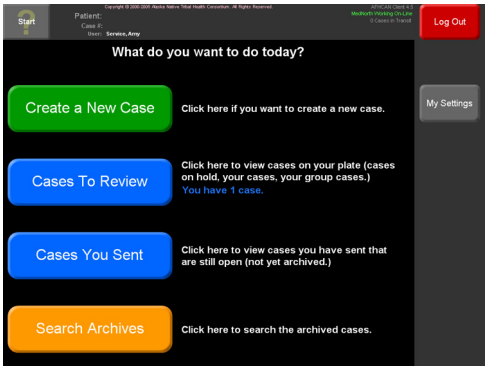
While the case is being transmitted over the network, it will say "1 Case in Transit" in the upper right. This notice may disappear quickly if connections are fast.

Once you have pushed the **Send** button, the case is no longer yours. Note that the top bar is no longer purple, and patient and case number are blank.



7. **Press** 

2.3.6 *Reviewing a Case (4 steps)*

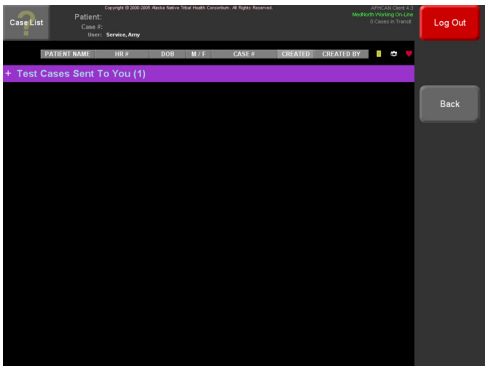

Start
Log Out
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
My Settings
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
You have 1 case.
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

After the case has been sent, the software returns to the ***Start*** screen.

Since you just sent yourself a case, the screen displays a message that a case has been sent to you and is ready for your review.

Normally a provider would send you a case when he or she wants you to take an action on the case, such as providing a second opinion or making a treatment recommendation.

1. **Press**

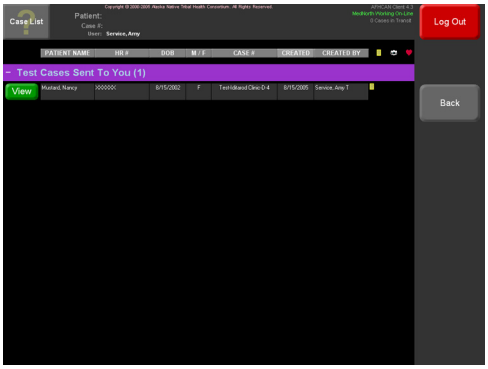


If you have a number of cases to review, the software will divide them into categories, as shown in the example below:

+ Your Cases On Hold (4)
+ Cases Sent To You (1)
+ Cases Sent To Your Group Big Lake Clinic (3)
+ Cases Sent To Your Group Iditarod Clinic (1)
+ Your Test Cases On Hold (1)
+ Test Cases Sent To You (2)

Note that cases sent to your groups are segregated from cases sent to you personally. Note also that test cases are clearly identified.

2. Press



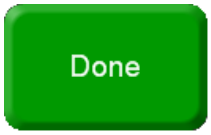
If you happen to have multiple cases displayed, locate the case you just sent to yourself.

3. Press

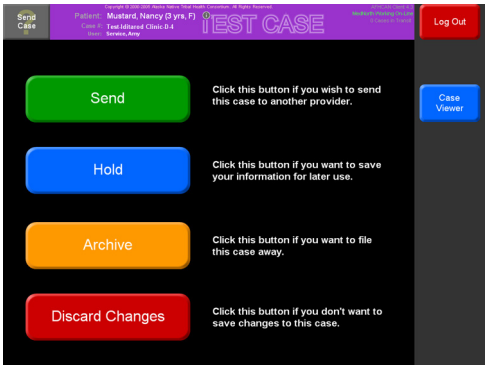
One item which was automatically added to the ***Case*** screen is the **Activity** button, located on the left side of the screen. The **Activity** button displays a list of everyone who has opened or viewed the case.

At this point you can press the **Add To Case** button to go to the ***Add To Case*** screen and add information to the case, as described previously.

4. **Press**



2.3.7 Archiving a Case (2 steps)

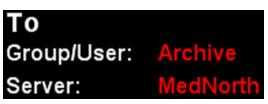

Send Case
TEST CASE
Log Out
Send
Click this button if you wish to send this case to another provider.
Hold
Click this button if you want to save your information for later use.
Archive
Click this button if you want to file this case away.
Discard Changes
Click this button if you don't want to save changes to this case.
Case Viewer

A case is considered open and active until it is archived. Archived cases can be opened and viewed. Comments can be added to an archived case, but no new forms, images, or other medical data can be added.

When all work on a case is done, it should be archived. Not only does this keep the database of open cases smaller, but it allows other providers to view the information, if needed.

1. **Press**

Archiving a case brings up a screen similar to the screen used for sending a case.

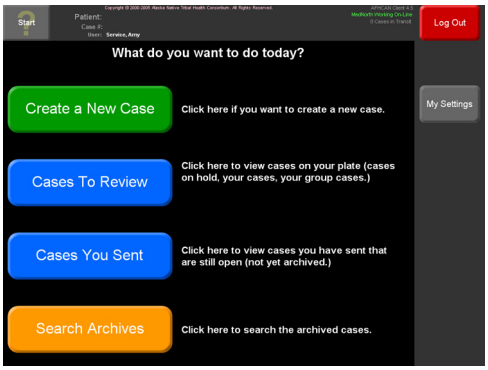


2. **Press**

Shortly after pressing **Archive**, the message indicating "You have 1 case" will be removed.

This completes a typical sequence for creating, sending, reviewing, and archiving a case.

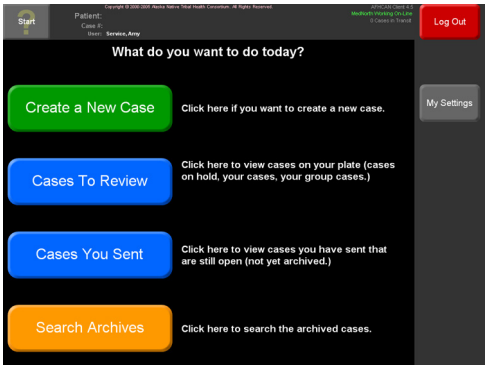
(Continue with *Obtaining Help*.)


What do you want to do today?
Create a New Case
Click here if you want to create a new case.
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.
Log Out
My Settings

2.3.8 Obtaining Help (2 steps)

The AFHCAN software includes help pages.

1. **Press**

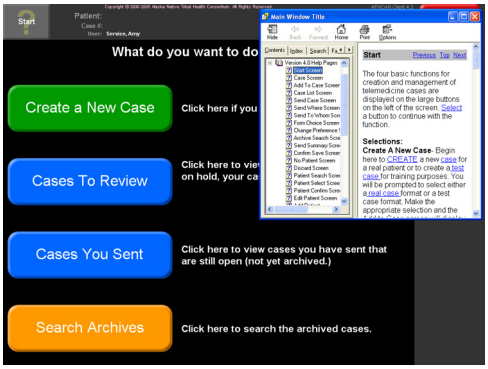

What do you want to do today?
Create a New Case
Click here if you want to create a new case.
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.
Log Out
My Settings

The button in the upper left corner of each screen is the help button. Pushing the button opens a window to a help page specific to the screen you are on.

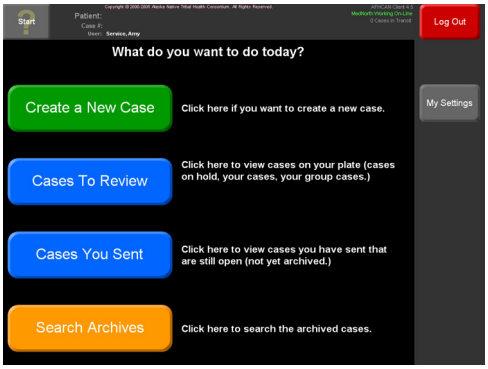
The help button also indicates the name of the screen.

The X in the upper right of the help window (red in this example) is for closing the window.

2. **To close the help window, click on the X**

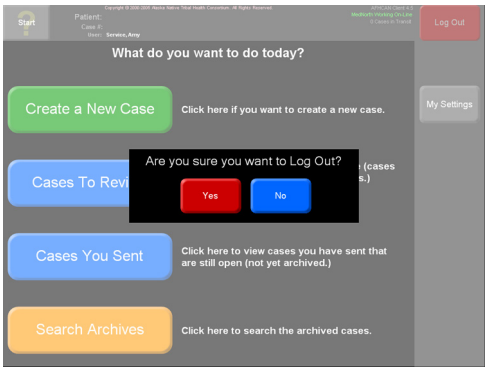

What do you want to do
Create a New Case
Cases To Review
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

2.3.9 Logging Off and Shutting Down the AFHCAN Cart (5 steps)


Log Out
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
My Settings
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

You can exit the software from any screen.

1. **Press**


What do you want to do today?
Create a New Case
Click here if you want to create a new case.
Are you sure you want to Log Out?
Yes
No
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

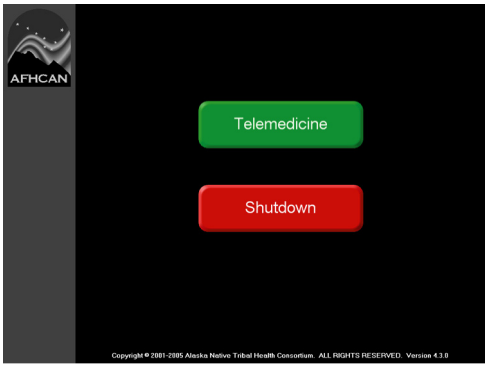
If you have some unsaved data on the screen, you may encounter a warning message similar to the following:

Regardless of whether data may be lost or not, you will be given a chance to confirm your choice to log out.

2. **Press**

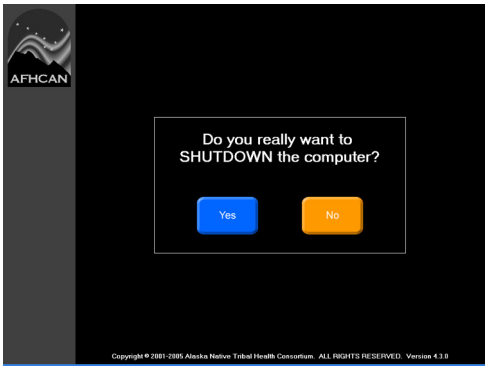
The screen at the right is the same as the first screen you encounter when you power up an AFHCAN Cart.

Pressing the **Telemedicine** button would return the login screen.


AFHCAN
Telemedicine
Shutdown
Copyright © 2001-2005 Alaska Native Tribal Health Consortium. ALL RIGHTS RESERVED. Version 4.3.0

3. **Press**

A message asks you to confirm your decision to shut down the Cart.

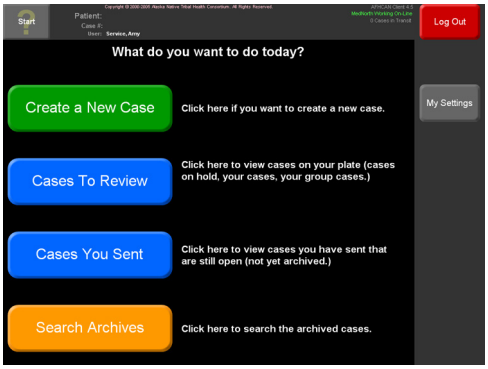

AFHCAN
Do you really want to
SHUTDOWN the computer?
Yes
No
Copyright © 2001-2005 Alaska Native Tribal Health Consortium. ALL RIGHTS RESERVED. Version 4.3.0

4. **Press**

A Windows screen will appear telling you it is safe to shut down the computer.

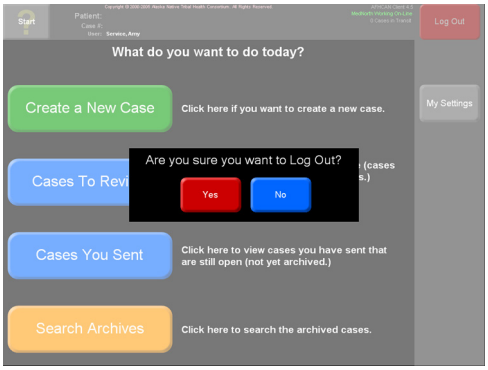
5. **Turn off the Cart power switch.**

2.3.10 Logging Off on a PC workstation (2 steps)


Log Out
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
My Settings
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

You can exit the software from any screen.

1. **Press**

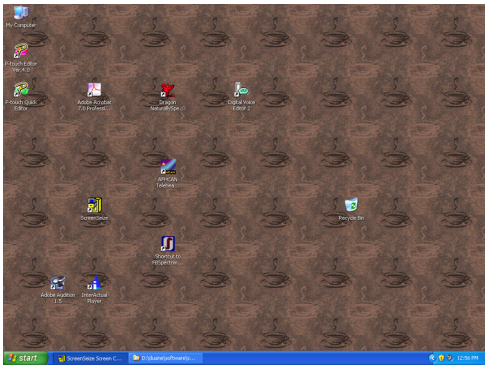

What do you want to do today?
Create a New Case
Click here if you want to create a new case.
Are you sure you want to Log Out?
Yes
No
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

If you have some unsaved data on the screen, you may encounter a warning message similar to the following:

In all instances, regardless of whether data may be lost or not, you will be given a chance to confirm your choice to log out.

2. **Press**

The AFHCAN Client software terminates, and the desktop is displayed.



end of tutorial

Section 3 – General Information

This section has three goals:

1. introduce important screens and provide an overview of the software's structure and flow
2. provide the background knowledge needed to be a competent user
3. describe some features of the software that are common to a number of screens

3.1 Key Screens and Program Flow

There are four screens that are very important when using the software. Knowing how to recognize these screens will help you navigate around the software. Details on screen functions and features will be provided later.

- ***Start*** screen – top screen in the software
- ***Add to Case*** screen – select patient and add medical information
- ***Case*** screen – view the contents of a case
- ***Send Case*** screen – when you are finished with a case, send it to another provider or choose one of the other available options

3.1.1 Introducing the "Big Four"

3.1.1.1 Start Screen

The ***Start*** screen (Figure 2) is where everything begins. All available functions are initiated from this screen. Every operation in the software begins and ends here.

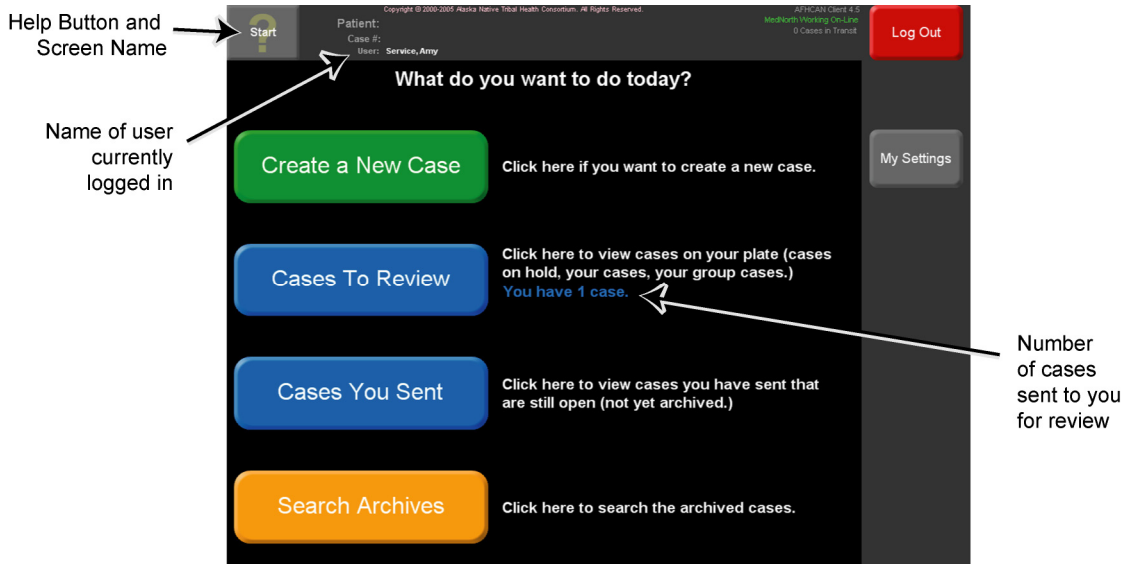

Help Button and Screen Name
Start
Patient:
Case #:
User: Service, Amy
Log Out
What do you want to do today?
Name of user currently logged in
Create a New Case
Click here if you want to create a new case.
My Settings
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
You have 1 case.
Number of cases sent to you for review
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

Figure 2
Example of the ***Start*** screen

3.1.1.2 Add To Case Screen

The ***Add To Case*** screen (Figure 3) is where you develop a case by identifying the patient and adding medical information. The set of buttons you will see depends on the installation and the configuration of your software.

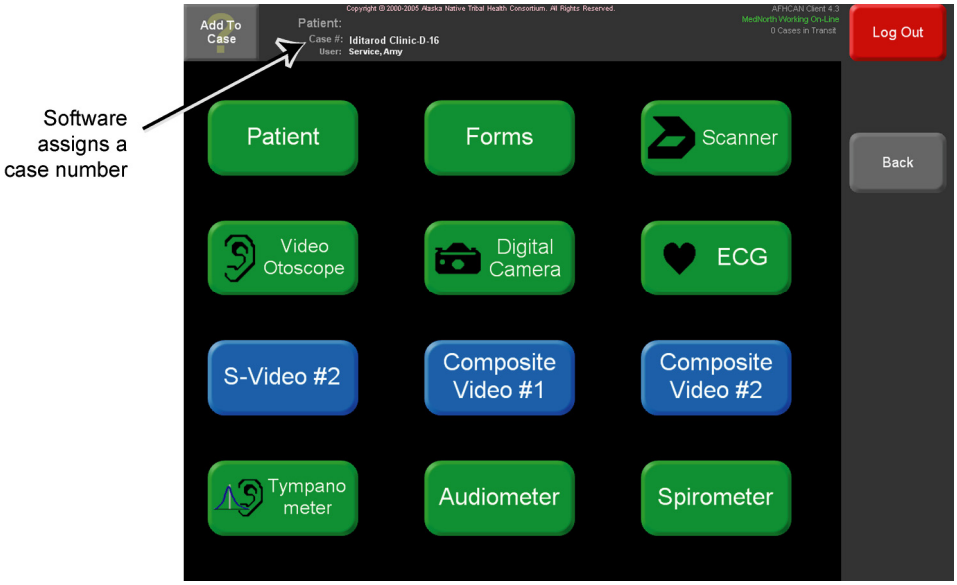


Figure 3
Example of the ***Add to Case*** screen

3.1.1.3 Case Screen

The ***Case*** screen (Figure 4) allows you to view all the information in a case.

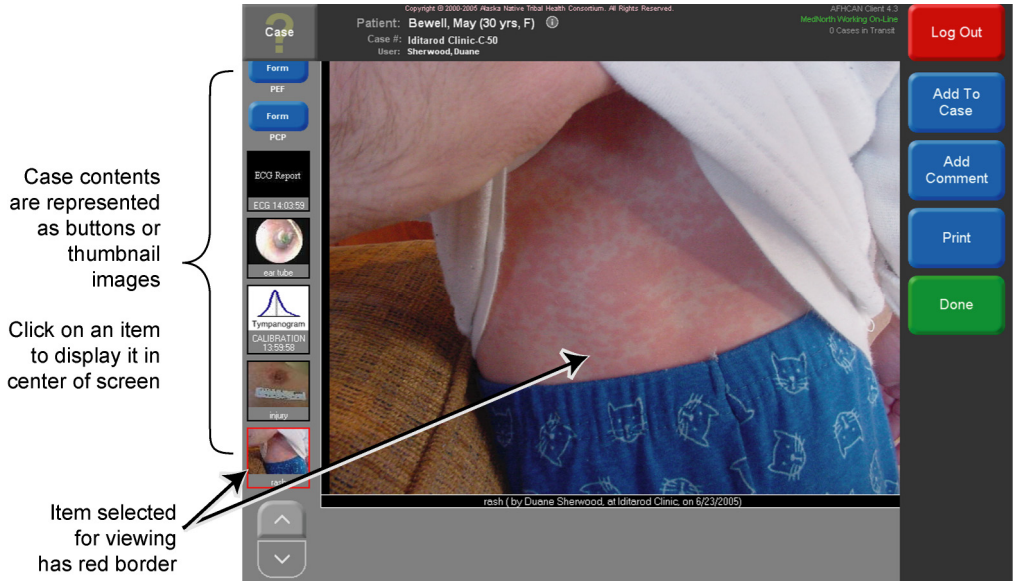

Case contents are represented as buttons or thumbnail images
Click on an item to display it in center of screen
Item selected for viewing has red border
Case
Patient: Bewell, May (30 yrs, F)
Case #: Iditarod Clinic-C-50
User: Sherwood, Duane
Log Out
Add To Case
Add Comment
Print
Done
rash (by Duane Sherwood, at Iditarod Clinic, on 6/23/2005)

Figure 4
Example of the ***Case*** screen

3.1.1.4 Send Case Screen

The ***Send Case*** screen (Figure 5) is where you decide what to do with a case when you have finished working on it. A common action is to send the case to another provider.

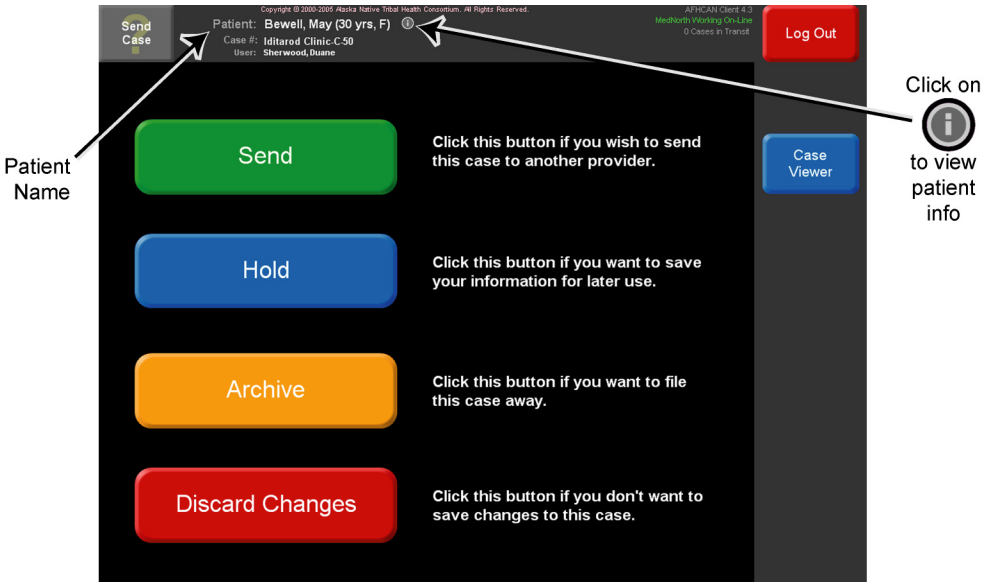

Send Case
Patient: Bewell, May (30 yrs, F)
Case #: Iditarod Clinic-C-50
User: Sherwood, Duane
Log Out
Send
Click this button if you wish to send this case to another provider.
Hold
Click this button if you want to save your information for later use.
Archive
Click this button if you want to file this case away.
Discard Changes
Click this button if you don't want to save changes to this case.
Case Viewer
Patient Name
Click on
to view patient info

Figure 5
Example of the ***Send Case*** screen

3.1.2 Overall Program Structure and Flow

In general, there are two main pathways through the software:

1. the pathway where a new case is created
2. the pathway where an existing case is viewed

These two pathways are described in the following pages.

3.1.2.1 Creating a New Case

Figure 6 shows the basic sequence through the four screens when creating a new case. The sequence begins with the ***Add to Case*** screen.

Once the process of adding the first piece of information is complete, the sequence goes to the ***Case*** screen, where the information can be viewed. To add more information go back to the ***Add to Case*** screen (blue arrow). You can move back and forth between these two screens as needed to add all the information. When done, go to the ***Send Case*** screen, then back to the ***Start*** screen. Details on all these processes will be provided later.

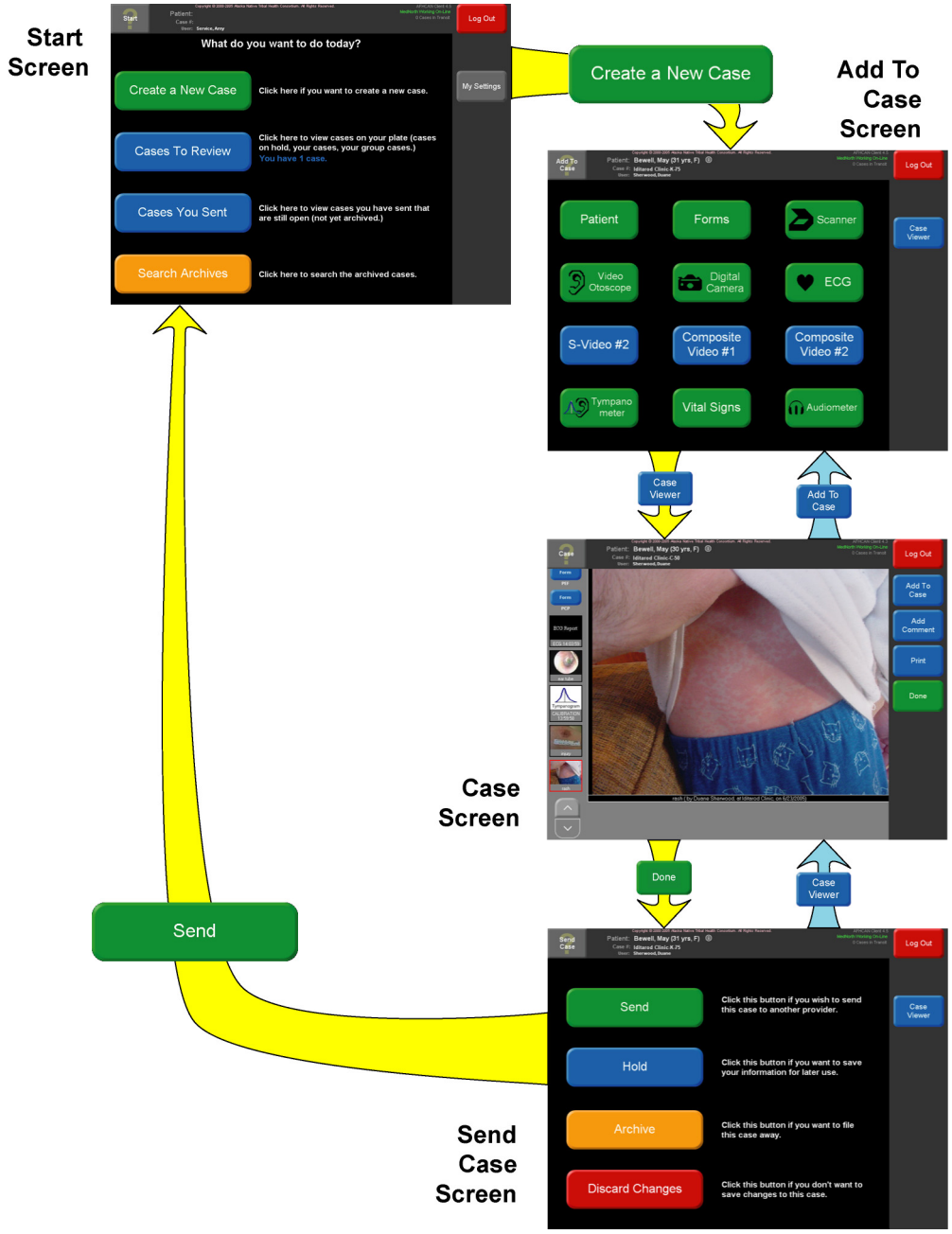

Start Screen
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
You have 1 case.
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.
Log Out
My Settings
Create a New Case
Add To Case Screen
Patient
Forms
Scanner
Video Otoscope
Digital Camera
ECG
S-Video #2
Composite Video #1
Composite Video #2
Tympano meter
Vital Signs
Audiometer
Case Viewer
Add To Case
Add Comment
Print
Done
Case Screen
Send
Hold
Archive
Discard Changes
Click this button if you wish to send this case to another provider.
Click this button if you want to save your information for later use.
Click this button if you want to file this case away.
Click this button if you don't want to save changes to this case.
Send Case Screen

Figure 6
Simplified sequence through the Big Four when creating a case

3.1.2.2 Viewing an Existing Case

As previously shown in Figure 6, the first button on the ***Start*** screen is the **Create a New Case** button, which leads to the ***Add to Case*** screen.

The three buttons below the **Create a New Case** button begin the sequence by accessing an existing case, so they follow a different sequence through the software (see Figure 7). Once you have the case open, the sequences are similar to those used in creating a case. If you are able to "take" the case, you can add to it by going to the ***Add to Case*** screen. If the case is "read only," you can only view the case using the ***Case*** screen.

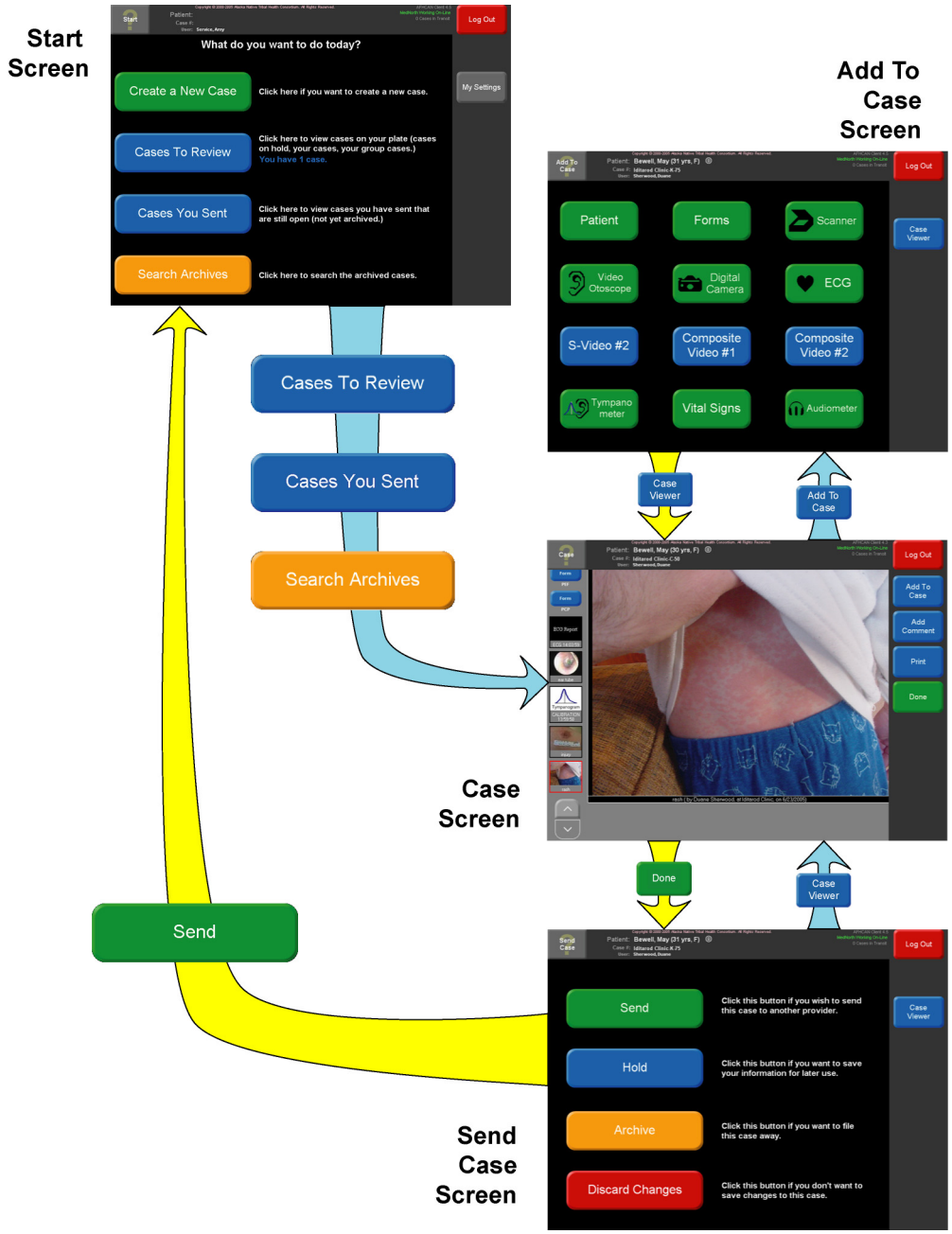

Start Screen
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.
Log Out
My Settings
Add To Case Screen
Patient
Forms
Scanner
Video Otoscope
Digital Camera
ECG
S-Video #2
Composite Video #1
Composite Video #2
Tympano meter
Vital Signs
Audiometer
Case Viewer
Add To Case
Cases To Review
Cases You Sent
Search Archives
Case Screen
Add Comment
Print
Done
Send
Send Case Screen
Send
Click this button if you wish to send this case to another provider.
Hold
Click this button if you want to save your information for later use.
Archive
Click this button if you want to file this case away.
Discard Changes
Click this button if you don't want to save changes to this case.

Figure 7
Simplified sequence through the Big Four when viewing an existing case

3.1.3 Other Useful Screen Examples

This section introduces a few additional screens that are commonly encountered as you gain access to the "Big Four." The four screens described above are where you will do most of the work on a case. Be aware that Figures 6 and 7 above are simplified views and that there are many other screens involved in these sequences.

3.1.3.1 Case List Screen

Pressing the **Cases to Review** button is just one of the situations where you will encounter the ***Case List*** screen (see Figure 8). The ***Case List*** screen helps you find a particular case. Once the desired case has been located, it can be opened in the ***Case*** screen as described previously.

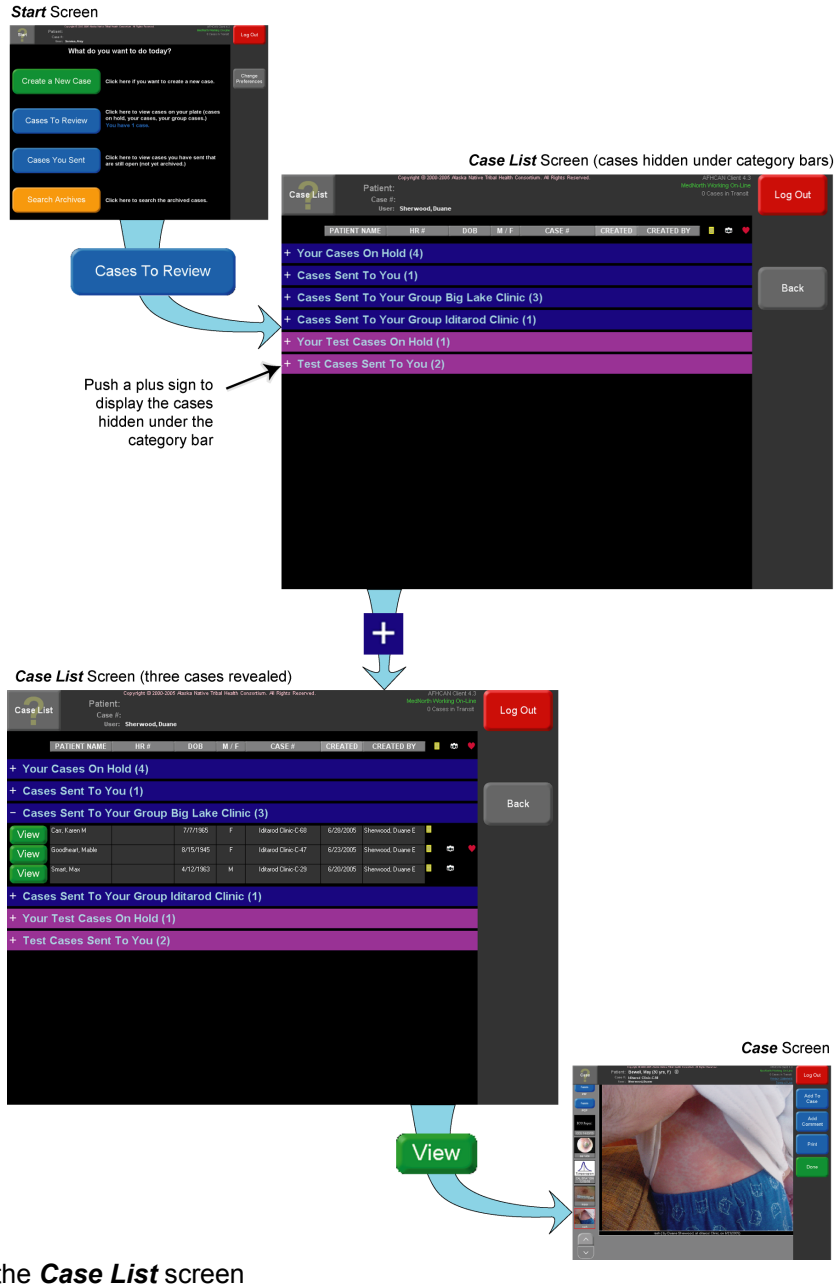


Figure 8
Examples of the ***Case List*** screen

3.1.3.2 Search Screens

There are a few situations in the software where you will encounter a search screen. A search screen allows you to enter search criteria so you can narrow the search (see Figure 9). Only items matching the search criteria you enter will be included in the search results.

Blanks are like wildcards – anything will match. Leave all fields blank, and all the records in the database will be returned. If there are many records in the database, it may take several minutes for the search results to be returned.

A good search strategy returns a limited number of records so you can quickly zero in on, and select, the one you are looking for. If you try to enter too many search criteria, you may get a message saying "No match found for these search criteria."

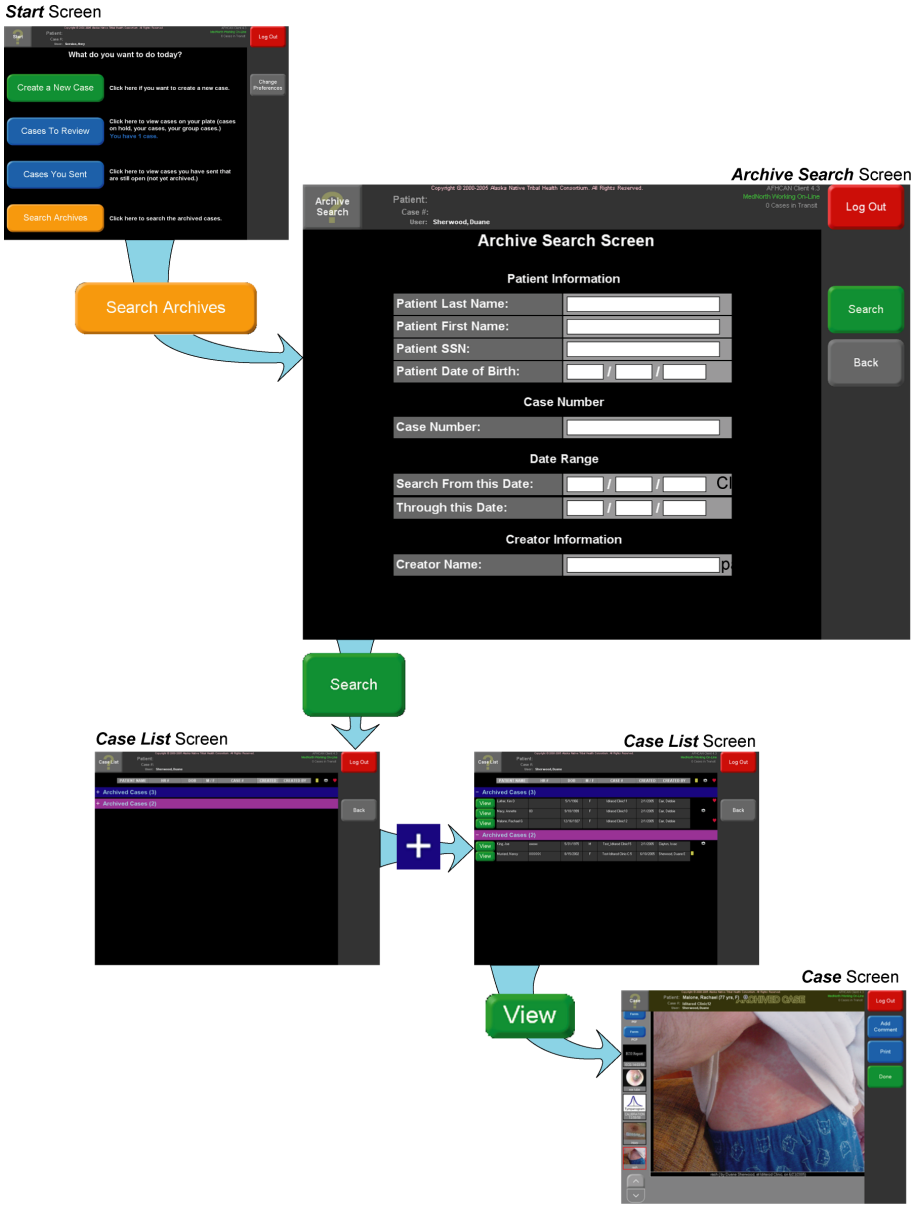


Figure 9
Example of a search screen

3.2 Important Background Information

3.2.1 Characteristics of a Case

3.2.1.1 What is a Case?

In the AFHCAN software, a case is a collection of medical information associated with a patient. Usually a case is developed in conjunction with an episode of patient care. In other words, a patient comes into a clinic seeking help with a medical problem. The patient's condition is evaluated and a treatment is recommended. The medical information gathered in support of this episode of care would be a case. If the patient returns to the clinic at a later time seeking help with a different medical problem, a new case would be developed.

3.2.1.2 Types of Cases

There are three types of cases in the AFHCAN software:

- ***real cases*** – open cases involving real patients
- ***test cases*** – open cases involving test patients
  - test patients use fictitious names and data
  - test cases are for training purposes
  - the word "Test" is included in the case number assigned by the system
- ***archived cases*** – completed cases that have been closed and filed away in the electronic records
  - includes both real and test cases
  - when work on a case is completed, it should be archived
  - archived cases can be viewed and comments on the case can be added, but new medical information cannot be added

    Note: If a case is not archived, only the people who have handled the case can view it (with the exception of the administrator, who can view all open cases). An important advantage of archiving is that it makes the case available to all providers connected to the system.

The three types of cases are clearly marked in the top bar area of the various screens, as shown in Figure 10.

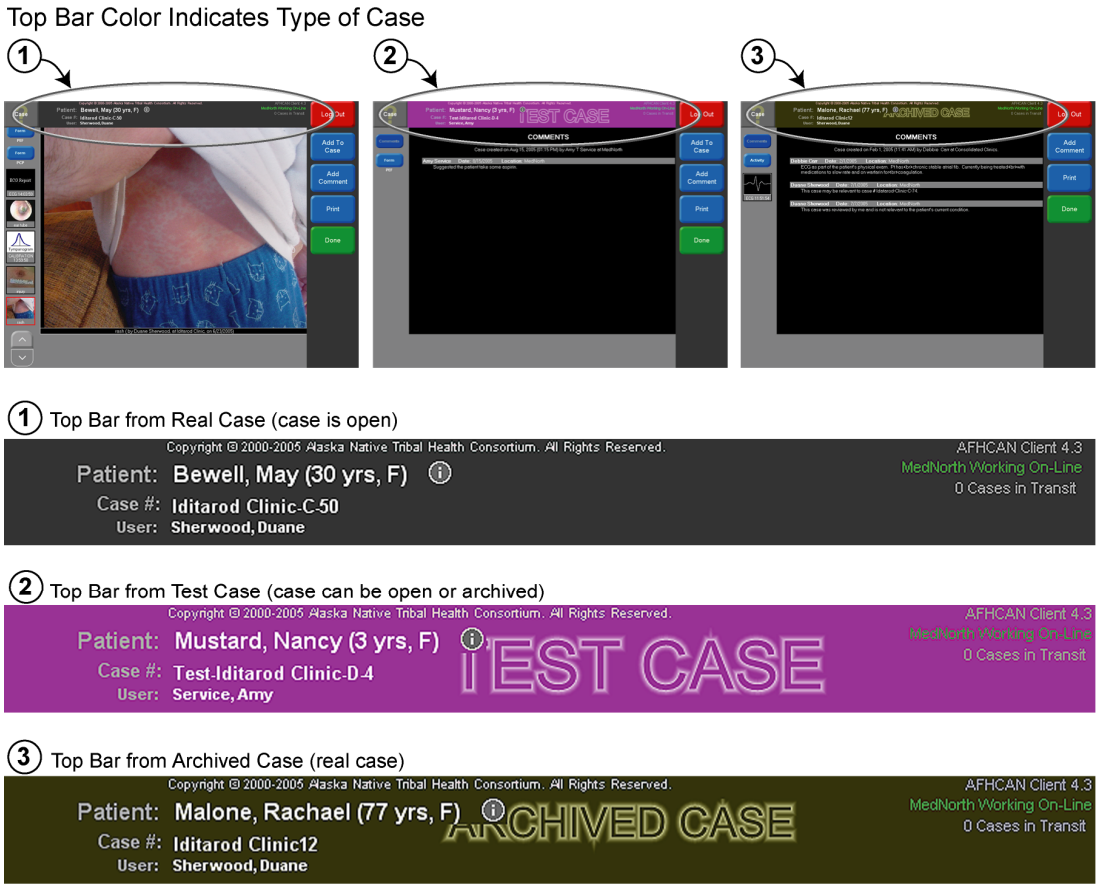

Top Bar Color Indicates Type of Case
1
2
3
1 Top Bar from Real Case (case is open)
Copyright © 2000-2005 Alaska Native Tribal Health Consortium. All Rights Reserved.
Patient: Bewell, May (30 yrs, F)
Case #: Iditarod Clinic-C-50
User: Sherwood, Duane
AFHCAN Client 4.3
MedNorth Working On-Line
0 Cases in Transit
2 Top Bar from Test Case (case can be open or archived)
Copyright © 2000-2005 Alaska Native Tribal Health Consortium. All Rights Reserved.
Patient: Mustard, Nancy (3 yrs, F)
Case #: Test-Iditarod Clinic-D-4
User: Service, Amy
TEST CASE
AFHCAN Client 4.3
MedNorth Working On-Line
0 Cases in Transit
3 Top Bar from Archived Case (real case)
Copyright © 2000-2005 Alaska Native Tribal Health Consortium. All Rights Reserved.
Patient: Malone, Rachael (77 yrs, F)
Case #: Iditarod Clinic12
User: Sherwood, Duane
ARCHIVED CASE
AFHCAN Client 4.3
MedNorth Working On-Line
0 Cases in Transit

Figure 10
Top bar examples for different types of cases

3.2.1.3 Taking a Case versus Read-Only Cases

The AFHCAN software ensures that only one person can modify a case at any given time. Thus only one person at a time can have custody of the case.

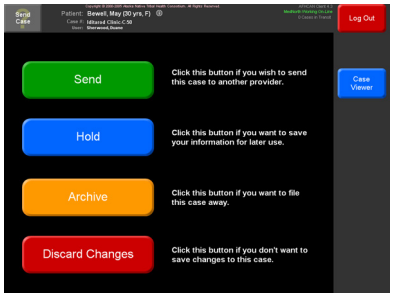
When you create a new case, or when you open a case sent directly to you as an individual, you have custody of the case automatically. Having custody gives you the right to add medical information. When a case is sent to a group of providers, and you are a member of that group, you can view the case to see if it is appropriate for you to act on it, but then you must actively "take" the case if you wish to add to it or send it to someone. The software keeps track of the sequence and displays the button at the right when appropriate.

There are many situations in the software where you can view a case but cannot change it. In these situations the cases are marked ***READ ONLY*** The status of *read only* pertains to your individual relationship to the case. The following are some situations where cases are designated as *read only*.

- When you send a case to another provider or group, it is no longer in your custody. You can view the case, but you cannot add medical information.

- Archived cases are *read only* with one exception: you can add comments to an archived case, and then re-archive it.

3.2.1.4 Ways to Conclude Work on a Case


Send
Click this button if you wish to send this case to another provider.
Hold
Click this button if you want to save your information for later use.
Archive
Click this button if you want to file this case away.
Discard Changes
Click this button if you don't want to save changes to this case.
Log Out
Case Viewer

There are four basic ways to wrap up the work you are doing on a case:

- send the case to another provider or to a group
- place the case on hold
- archive the case
- discard the changes you made during the current session

Send. Sending a case is fairly routine. You can send to an individual provider or to a group of providers. If you send most of your cases to a particular individual or group, you can designate the recipient you have selected as your "default recipient." If a default recipient has been established for you, then pushing the **Send** button selects the recipient automatically and skips the sequence of screens for selecting a recipient. You can always change the recipient. The buttons shown at the right perform these functions.

Hold. Placing a case on hold allows you to temporarily suspend work on a case so you can go on to something else and complete the case later. One unique feature of placing a case on hold is that you can go back and edit the forms. The ability to edit a form only applies when creating a new case. Once a new case has been sent to another provider, a completed form can be viewed but not edited. Other medical information and new forms can be added, however.

Archive. When all work on a case is done and no further information will be added, the case should be archived. Archiving a case is the same as closing it. Archived cases can be viewed, comments can be added, but no new medical information can be added from forms or devices.

Discard Changes. Discarding changes applies only to any new information added to the case during the current session. If you were handling an existing case during the current session, the case will revert to its previous state (with the exception that your activity will be logged in the Activities list for that case). If you are creating a new case, pushing the **Discard Changes** button will delete the entire case.

3.2.1.5 How Cases are Numbered

Every case is assigned a unique case number by the software. In the **.Net** versions of the AFHCAN software (4.3 and higher), the case number is built from the following elements:

- the site name that was assigned to the AFHCAN Cart or PC workstation at setup
- a letter that identifies which specific Cart or PC workstations within a given site originated the case (a site can have a number of Carts or PC workstations)
- a sequence number based on the number of cases created at that Cart or PC workstation
- the word "Test-" if it is a test case

Sites are explained more fully in the section on AFHCAN Networks. Figure 11 illustrates the structure of a case number.

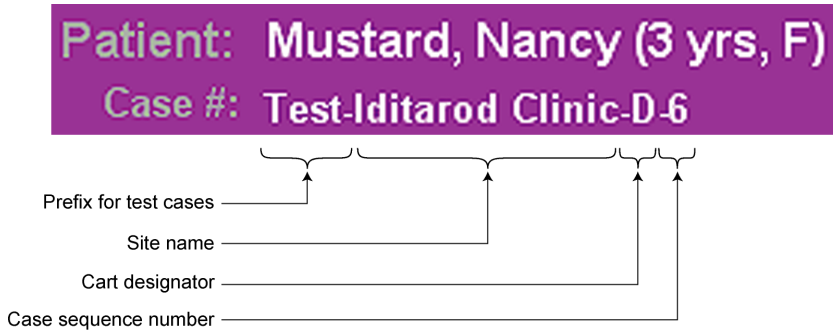


Figure 11
Structure of a case number

3.2.2 Patients and Patient Information

3.2.2.1 Real Patients and Test Patients

When you create a new case, the first thing you must determine is whether it will be a real case or a test case. Real cases are associated with real patients and medical information. Test cases are associated with test patients having fictitious names and personal information. Test cases and test patients are used for training purposes. Figure 12 shows the sequence.

3.2.2.2 Patient Information

The process of identifying the patient associated with a case always begins with a search of the names currently in the database. Searching first helps to prevent duplicate entries for the same individual. If the patient's name is not found, you can add the patient's name and information, as shown in Figure 13. If the patient's name is found, the software allows you to review the patient's information and edit it if necessary.

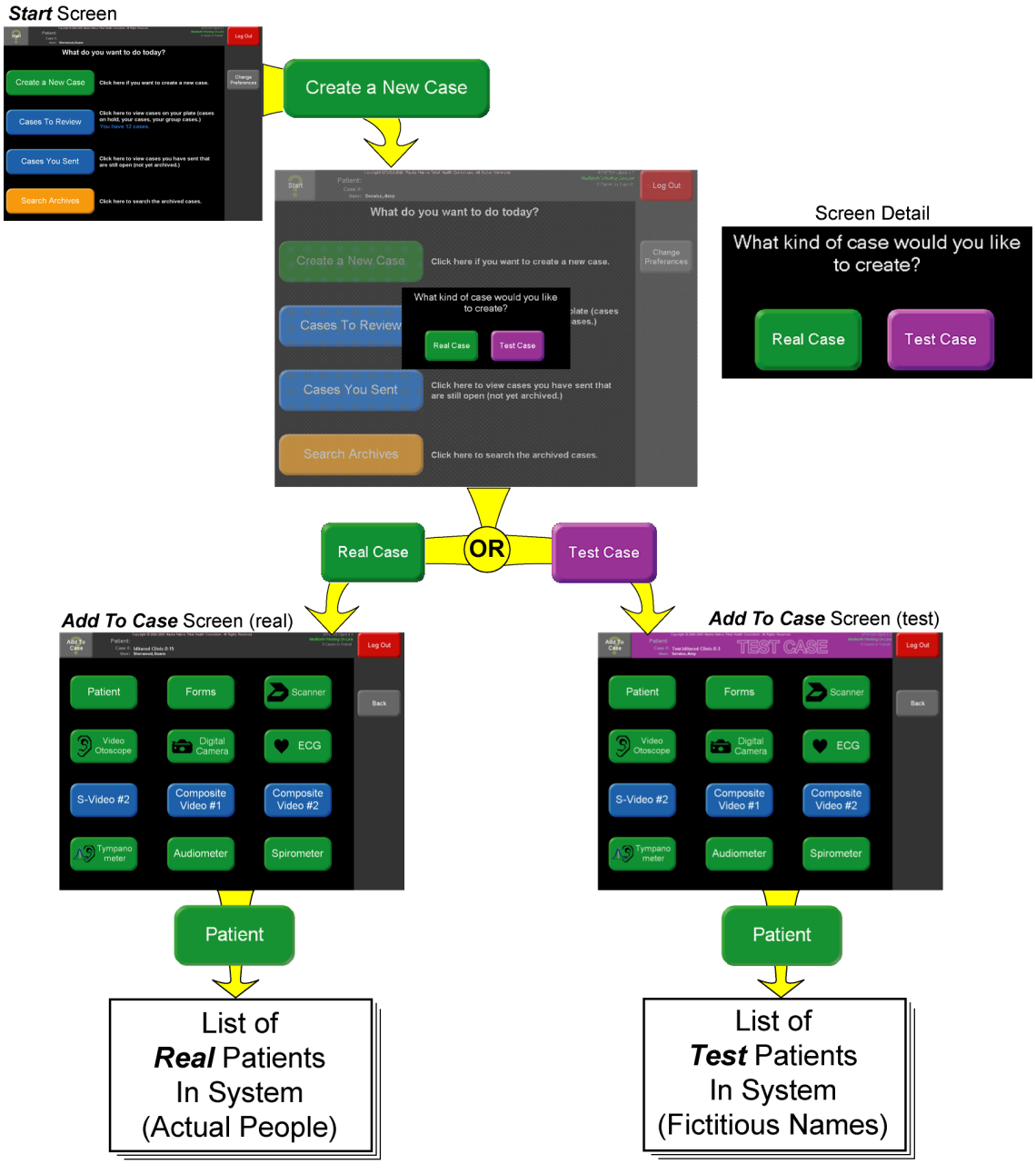


Figure 12
Creating real or test cases

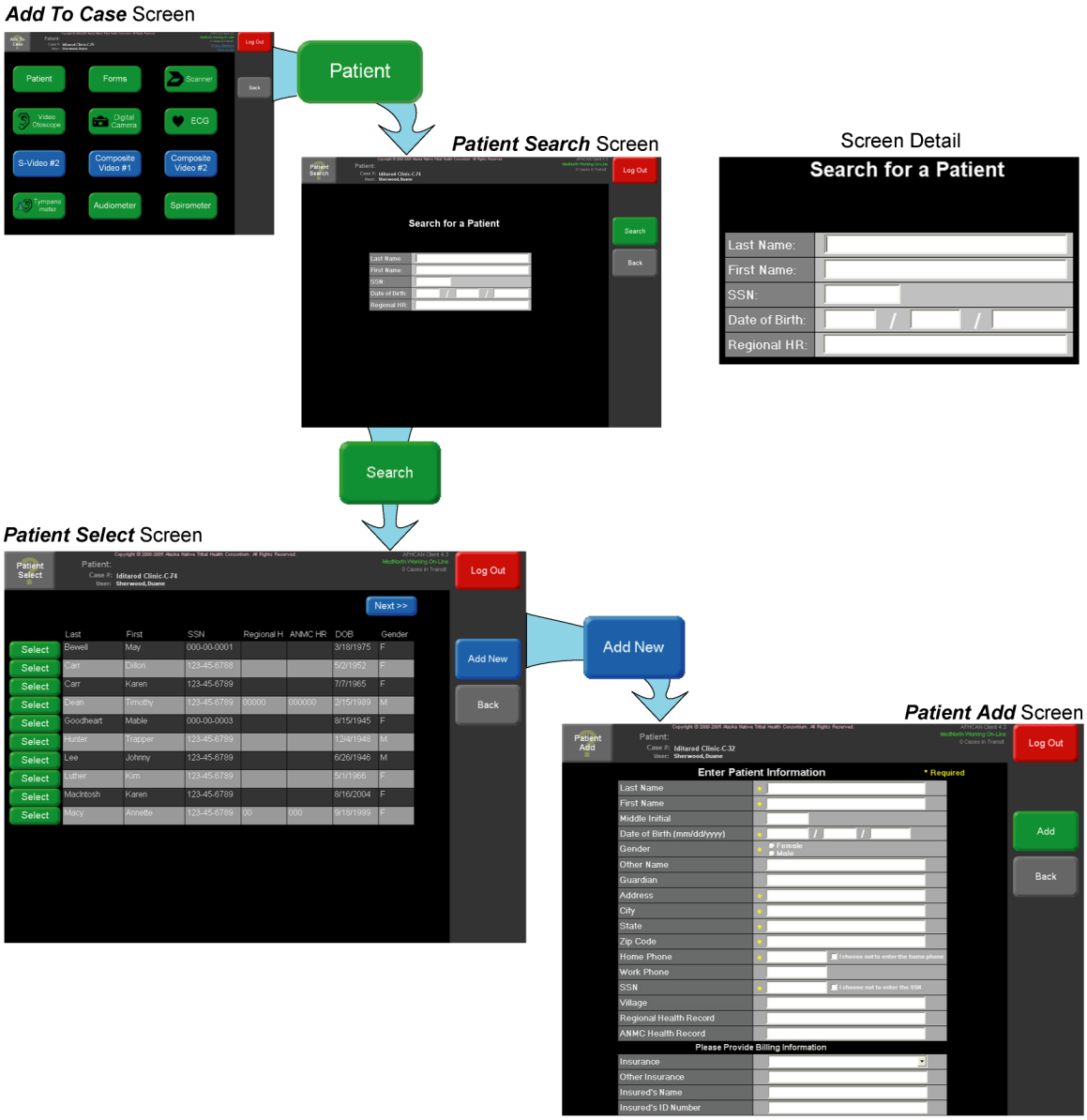


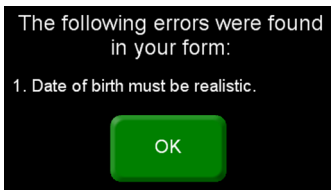
Figure 13
Process for adding a new patient

3.2.2.3 Error Checking and Good Data Entry Practices

In most data entry fields, what you type is what you get. If you make errors, they will be part of the permanent record for that case.

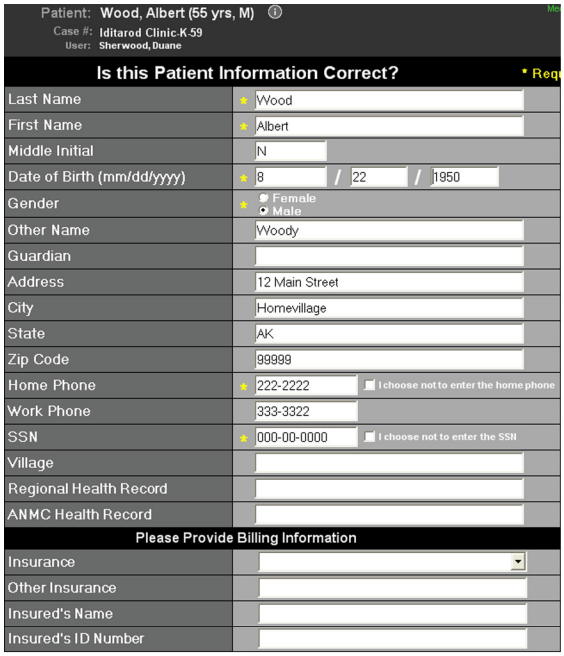
We recommend using standard capitalization for names. In other words, the first letter capitalized and the remaining letters in lower case. Typing all upper-case letters may be easier, but the are actually more difficult to read.

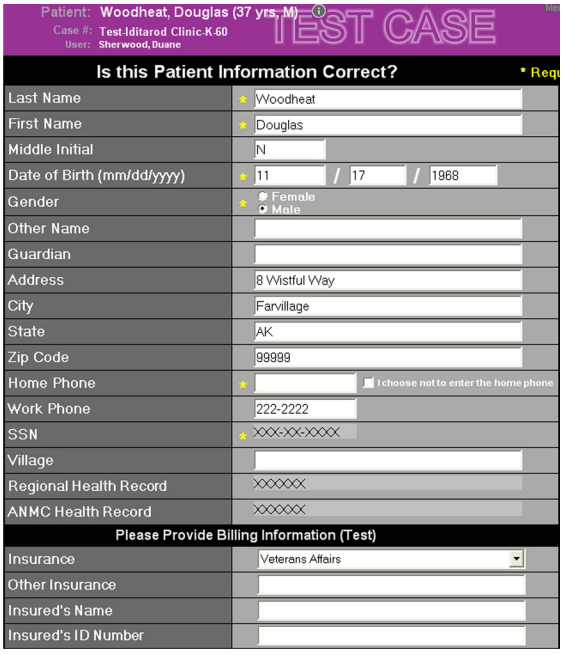
In some fields, the software will check for errors. For example, patient birth dates must be within a realistic range. The software will check some fields for some errors, but there are limits to error checking. Do your best to be accurate.

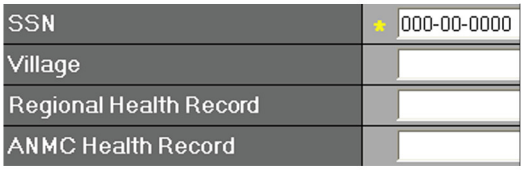


3.2.2.4 Required Fields

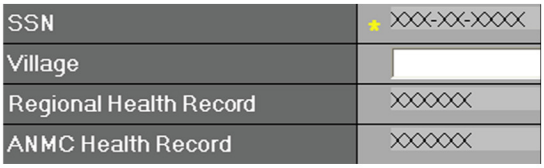
Figure 14 shows a side-by-side comparison of typical data entry screens for a real patient and a test patient. Data entry fields with a yellow star must be filled in.







A Real SSN is Required for a Real Patient



System Creates Dummy SSN for a Test Patient As Well As Dummy Health Record Numbers

Figure 14
Comparing the patient information screens for real and test patients

3.2.2.5 Skipping Required Fields

Normally if you try to leave a required field blank, the software will come back with an error message saying an entry is required. However, there are two required fields where you can check a box allowing you to intentionally skip that field, should they be unavailable for some reason. These are shown in Figure 15.

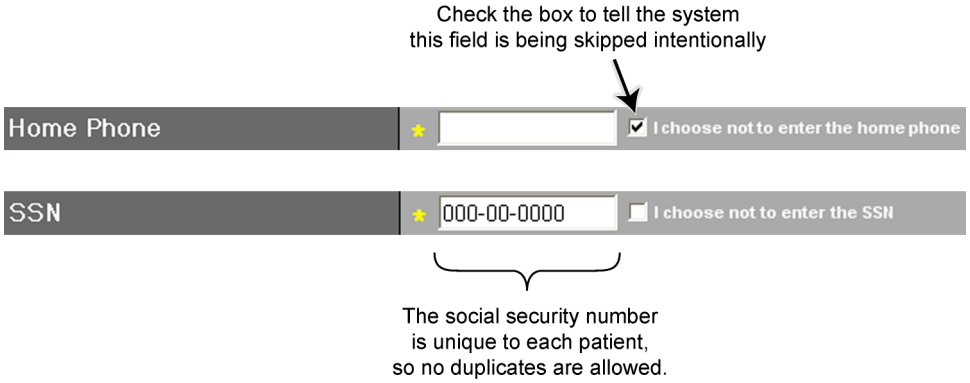

Check the box to tell the system
this field is being skipped intentionally
Home Phone
I choose not to enter the home phone
SSN
000-00-0000
I choose not to enter the SSN
The social security number
is unique to each patient,
so no duplicates are allowed.

Figure 15
Required fields that can be skipped

The Home Phone is required as a reliable way to contact the patient. The SSN is required because it is a widely used identifier unique to each individual.

3.2.2.6 Skipping the Patient and Demonstrating Equipment

When working on an AFHCAN Cart, you may wish to teach someone how to use one of the attached medical devices but have no need to develop a case. The ***Add To Case*** screen allows you to select any of the available buttons; it is not necessary to begin with the **Patient** button. When you are finished with the demonstration, you can press the **Back** button to return to the ***Start*** screen.

There are a few exceptions, however. Some peripheral devices, such as the ECG, will not function unless a patient name has been established. If you try to use a peripheral device that requires a patient name, the system will give you an error message.

To continue with the demonstration, select a patient name, demonstrate the equipment, view the information (this is the same procedure you would use for creating a case), and at the end select **Discard Changes** from the ***Send Case*** screen.

3.2.3 Types of Users (User Roles)

Everyone who logs into the AFHCAN software is considered a *user*. The software recognizes four different types or classes of users:

- real users
- test users
- setup users
- administrators

When the administrator creates your account, he or she assigns you a login name (username) and a password. The administrator also assigns you to one of the above user roles.

When you log in, the system knows what type of user you are and makes the software features appropriate to your role available.

3.2.3.1 Real Users

Real users are usually healthcare providers who use the AFHCAN software to develop or review actual cases. Most users on a system will be assigned this role.

3.2.3.2 Test Users

Test users are very similar to real users with one important exception: test users can only create test cases. This role may be assigned to non-clinical staff who are involved in training students, or to clinical staff who are learning to use the software.

3.2.3.3 Setup Users

Setup users are usually technical staff who install and configure the software. Setup users cannot access the clinical features of the software, but can access features of the software that apply to installation. Once the software is up and running, there is no need to log in as a setup user.

3.2.3.4 Administrators

Administrators exercise considerable control over the network servers to which Carts and PC workstations are connected. Administrators can help you solve a number of problems that might arise during use of the software. The administrator functions are explained in detail in a separate document. The administrator has access to all the clinical functions available to a real user.

3.2.3.5 Usernames, Passwords, and Security

Administrators create usernames and passwords for users. A common system for creating usernames is to use the first initial of the first name combined with some or all of the last name. The username for someone named Amy Service would be "aservice."

On the AFHCAN system, all usernames must be unique. This means someone named Andrew Service might need to have a username like "aservice2." Middle initials could be added in, or other strategies for creating usernames can be devised. Only an administrator can change your username.

Very often the first password the administrator gives you is one that both you and the administrator can remember easily. For security and patient confidentiality, change your password as soon as possible, and keep it secret. In the interest of network security and patient confidentiality, you should create a password that someone else cannot guess. Avoid using your own name or the names of people close to you as a password. If you think someone else has discovered your password, change it. If you forget your password, contact your administrator.

In some organizations, the administrator's duties may be handled by someone who also has clinical duties. In such cases, the administrator might consider having two usernames, one with the role of administrator, and one with the role of real user. For routine work, this person would log on with the 'real user' login name.

3.2.4 Groups

When sending a case, you can send it to an individual provider or to a group of providers. The advantage of sending a case to a group of providers is that everyone in the group is notified that a case has come in, and anyone in the group can take the case and respond. This minimizes delays that can arise when sending a case to an individual who happens to be on vacation when the case comes in. This also helps to balance the workload within a group.

The healthcare organizations where AFHCAN software is being used are responsible for setting up clinical workflows and working relationships between providers. Once the working relationships have been established, groups can be defined. Typically the members of a group will all be similar in their ability to respond to the types of cases normally sent to that group.

The administrator would work with the healthcare organization to create useful names for groups and decide who should be in groups. Useful names would be based on such things as the group's specialty, function, or location. Group names are displayed in the ***Send Cas***e screens. Meaningful group names make it easy for someone to send a case to the right group.

Administrators set up groups on their servers by entering the group name and adding individual providers as members of the group. When a new user account is created, the user can be assigned to a group. A user can be assigned to one group, many groups, or no group at all.

When a case is sent to a group, the first person who views the case does not necessarily have to take the case. If a case is more suited to another practitioner, it is possible to view the case and then decide not to take it. If not taken, the case will remain available to the group. Alternatively, the case can be taken and forwarded to the specific individual who should see the case.

3.2.5 My Settings

The ***Start*** screen includes the **My Settings** button in the right bar area. Clicking on **My Settings** opens up the ***My Settings*** screen, as shown in Figure 16.

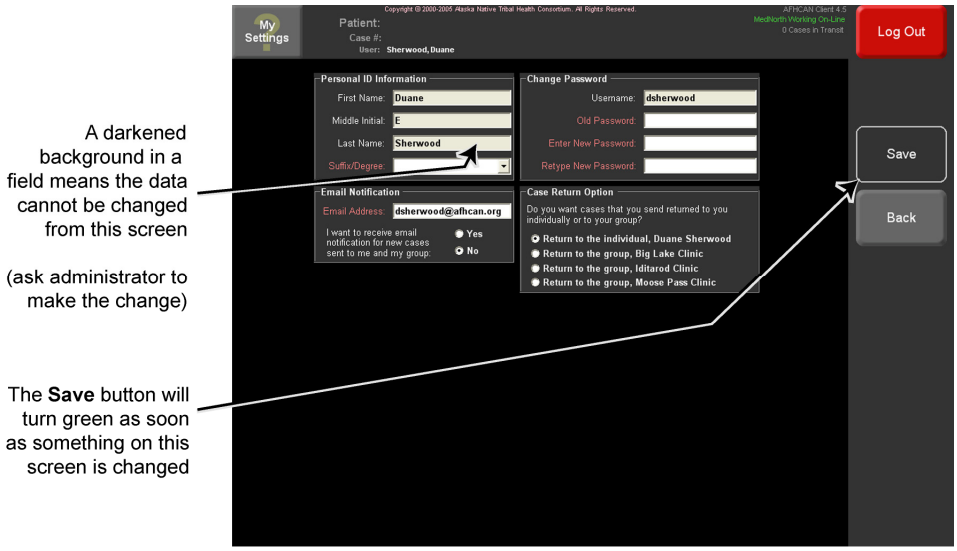

A darkened background in a field means the data cannot be changed from this screen
(ask administrator to make the change)
The Save button will turn green as soon as something on this screen is changed
My Settings
Patient:
Case #:
User: Sherwood, Duane
Log Out
Personal ID Information
First Name: Duane
Middle Initial: E
Last Name: Sherwood
Suffix/Degree:
Change Password
Username: dsherwood
Old Password:
Enter New Password:
Retype New Password:
Email Notification
Email Address: dsherwood@afhcan.org
I want to receive email notification for new cases sent to me and my group: Yes No
Case Return Option
Do you want cases that you send returned to you individually or to your group?
Return to the individual, Duane Sherwood
Return to the group, Big Lake Clinic
Return to the group, Iditarod Clinic
Return to the group, Moose Pass Clinic
Save
Back

Figure 16
My Settings screen

The ***My Settings*** screen gives the user control over a number of personal settings and options. The screen has four panels, each with a different theme:

- Personal ID Information
- Email Notification
- Change Password
- Case Return Option

3.2.5.1 Personal ID Information

The ***Personal ID Information*** area of the ***My Settings*** screen allows the user to verify his or her full name and to add, change, or delete the appropriate suffix to be added to the name (see Figure 17). The suffix indicates the qualifications or role of a healthcare provider. The suffix appears on printed reports and in most other areas where your name appears in a case. The administrator may have added your suffix when he or she set up your account.

A pull-down menu is available for a number of suffixes. If the desired suffix is not shown, you can manually type in the appropriate suffix.

Contact the administrator for assistance in changing your name.

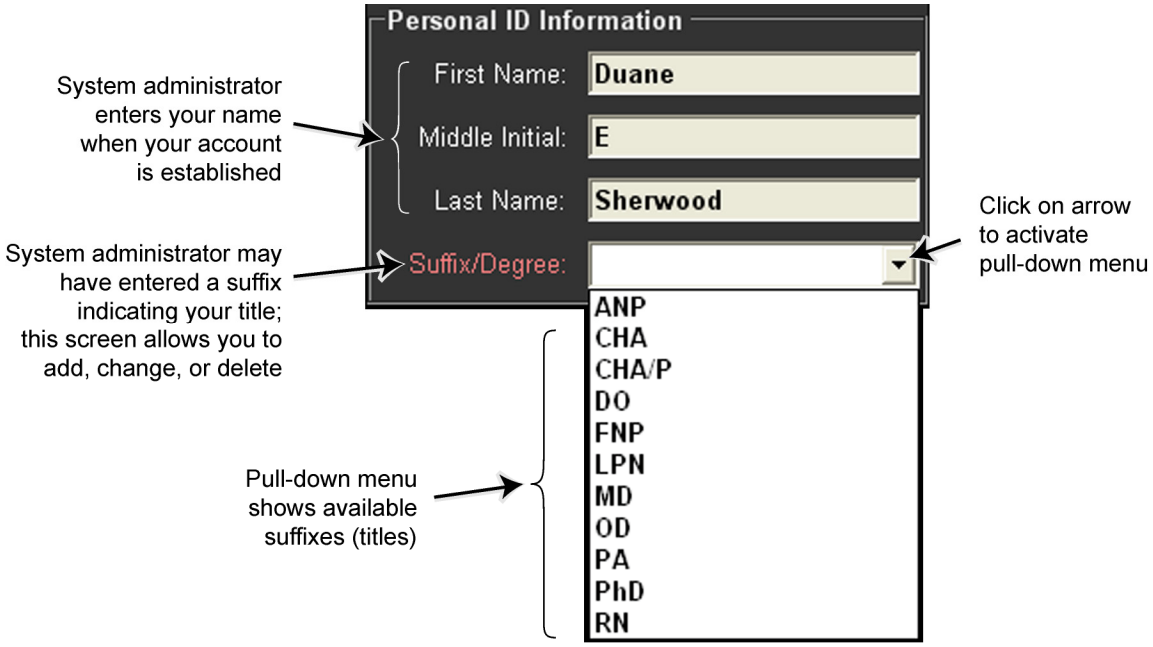


Figure 17
Personal ID Information

3.2.5.2 Email Notification

When you log into the AFHCAN software, a message may appear on the ***Start*** screen indicating that you have one or more cases to review. If you don't log into the software on a regular basis, however, you would not know if new cases had come in until the next

time you logged in. To ensure incoming cases are not held up, you can elect to have a notification of new cases sent to your regular email address.

In order for email notification to work, the server to which your workstation is connected must be set up to support this feature. (Contact your administrator if you have questions on this.[1])

There are two ways email notification can be activated. Either your administrator can set it up when your user account is created, or you can set it up yourself, as shown in Figure 18. Press the **My Settings** button on the ***Start*** screen, then enter your email address and check ***Yes***. When selected, the system will generate an email whenever a new case has been sent to you or to your group(s).

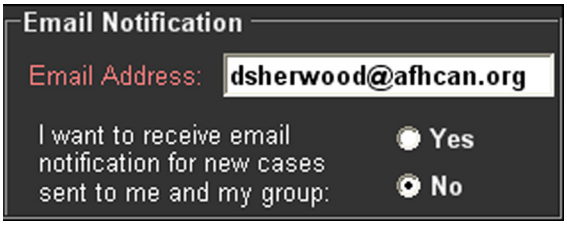


Figure 18
Email Notification

3.2.5.3 Change Password

It is a good security practice to change your password as soon as your account has been created (see Figure 19). You must type in your current password as well as the new password. The new password must be entered twice to ensure a typographical error was not made. Create a password that someone cannot guess. Avoid using the name of family members (including the dog or cat). Avoid short passwords, and consider including a few numbers. If you forget your password, your administrator can enter a new one for you.

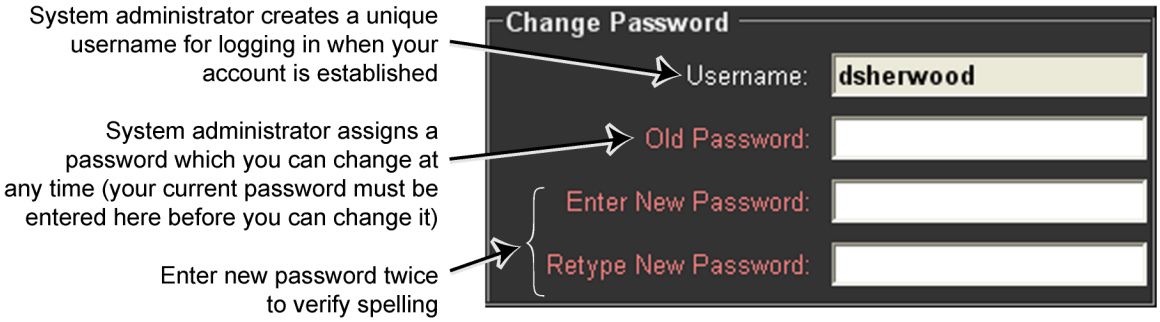

System administrator creates a unique username for logging in when your account is established
System administrator assigns a password which you can change at any time (your current password must be entered here before you can change it)
Enter new password twice to verify spelling
Change Password
Username:
dsherwood
Old Password:
Enter New Password:
Retype New Password:

Figure 19
Change Password

[1] A note to administrators: email can be handled by the server or by an attached node, provided one or the other has an SMTP gateway established. In the administrator's section of the software, the administrator types in the appropriate IP address for the gateway and checks a box to indicate whether the SMTP gateway is on the server or a node. AFHCAN support can help with the setup, if needed.

3.2.5.4 Case Return Options

When you are finished adding information to a case, the next step, typically, is to send the case to another provider. The AFHCAN software will try to identify the most likely recipient for the case you are sending. If it is able to identify someone, it will offer that recipient as a first choice. If the software cannot identify a likely recipient, or if you want to change the recipient that is suggested, the software will present a series of screens allowing you to manually select the person or group to receive the case.

The software has two strategies for identifying the most likely recipient:

- when creating a new case – if you (or your administrator) has designated someone as your default recipient, the name of that person or group is automatically selected as the recipient
- when reviewing a case sent to you – the person who sent you the case (or his group) will be selected as the recipient

Your default recipient is the person or group you send cases to most of the time. Exactly who is selected depends on your standard workflow and clinical relationships. Initially your administrator may make this selection for you when your account is created. You also have the ability to set or change your default recipient at any time when you are sending a case.

The second bullet above is where the ***Case Return Option*** applies. When you send a case to someone, it is common for that person to reply by adding comments and sending the case back to you. If you leave the ***Case Return Option*** as shown in Figure 20, your name will be displayed as the recipient when that other provider goes to send the case. Alternatively, you can select one of the groups to which you belong to be displayed as the recipient when that provider returns the case. That way anyone in the group can follow up on the case you sent when it is returned.

Whenever anyone sends a case, the sender can always select a different recipient than the one suggested by the software.

When you send a case to another provider, the selection you make here will show up as the default recipient when that provider goes to send the case

(this assumes the receiving provider typically sends a case back to the sender, or to the sender's group)

All the groups you have been assigned to, if any, will be listed here (contact the administrator to make any changes)

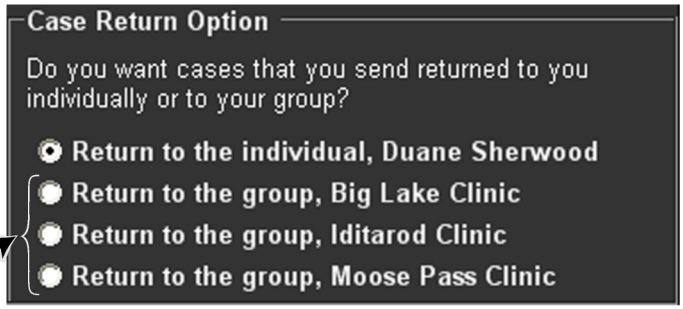

Case Return Option
Do you want cases that you send returned to you individually or to your group?
Return to the individual, Duane Sherwood
Return to the group, Big Lake Clinic
Return to the group, Iditarod Clinic
Return to the group, Moose Pass Clinic

Figure 20
Case Return Options

3.2.6 Basics of the AFHCAN Network

As mentioned in the introduction, the AFHCAN software is a communications tool that allows medical information to be packaged as a case and sent to another provider over a computer network. This section introduces some basic ideas and terms regarding networks that skilled users should be familiar with.

3.2.6.1 AFHCAN Client Software

The AFHCAN Client Software is the software that runs on an AFHCAN Cart or PC workstation. A PC workstation is an ordinary PC such as a laptop or a desktop computer. The AFHCAN Client software is what the user sees when creating or viewing a case.

3.2.6.2 AFHCAN Server Software

AFHCAN Server Software is the next level up in the network. A network server is a computer that supports and coordinates network communications. In the AFHCAN system, the server is the primary storage area for key system data. The AFHCAN Client Software and the AFHCAN Server Software work closely together to exchange information about cases, patients, and users.

3.2.6.3 Working On-Line and Working Off-Line

Figure 21 shows a typical but basic setup for an AFHCAN Cart and server.

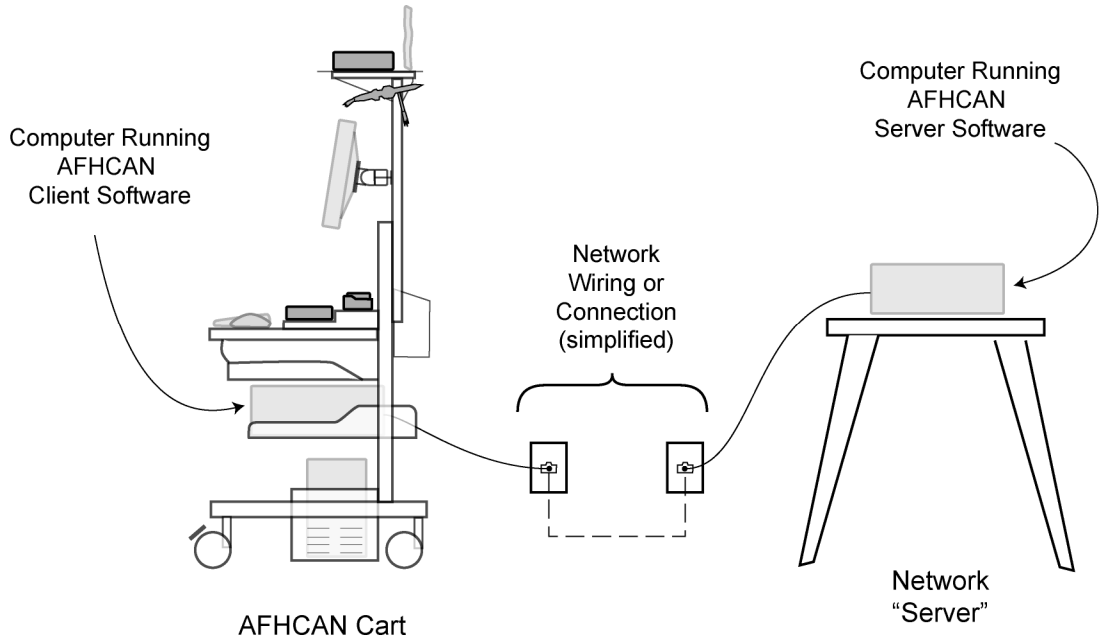


Figure 21
Typical network connections for AFHCAN Cart and server

To have full functionality, the AFHCAN Cart (or PC workstation) must be communicating with an AFHCAN Server. This is referred to as "working on-line." The connection status (Working On-Line or Working Off-Line) is indicated by the software on the Login Screen and in the top bar, as shown in Figure 22.

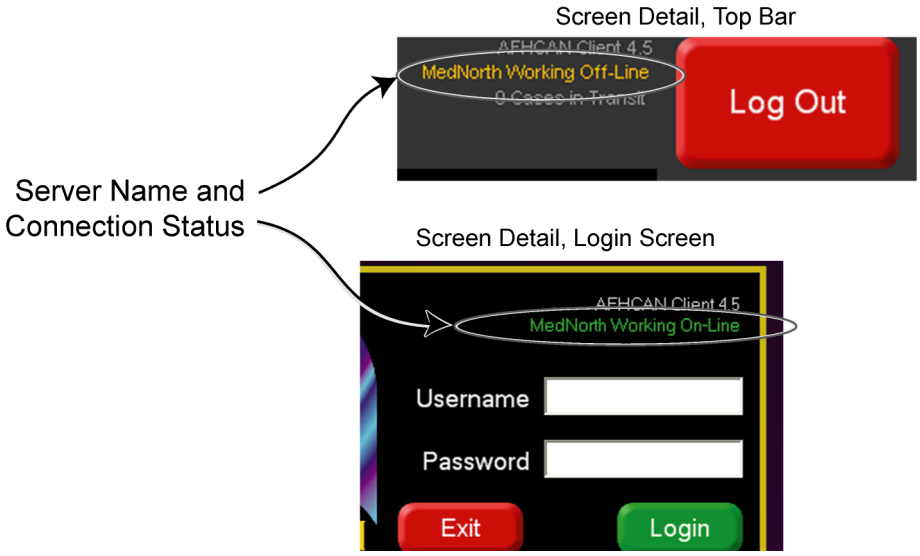


Figure 22
Working On-Line / Working Off-Line connection status displays

The AFHCAN software (version 4 and higher) is designed to retain a considerable amount of functionality even if connection with the server is lost ("Working Off-Line"). The loss of functionality will be indicated by blanked-out buttons on the screen, as shown in Figure 23. You can still create and send a case. However, the case will not actually be transmitted until server connection is reestablished. Once connection is reestablished, the case will be sent automatically.

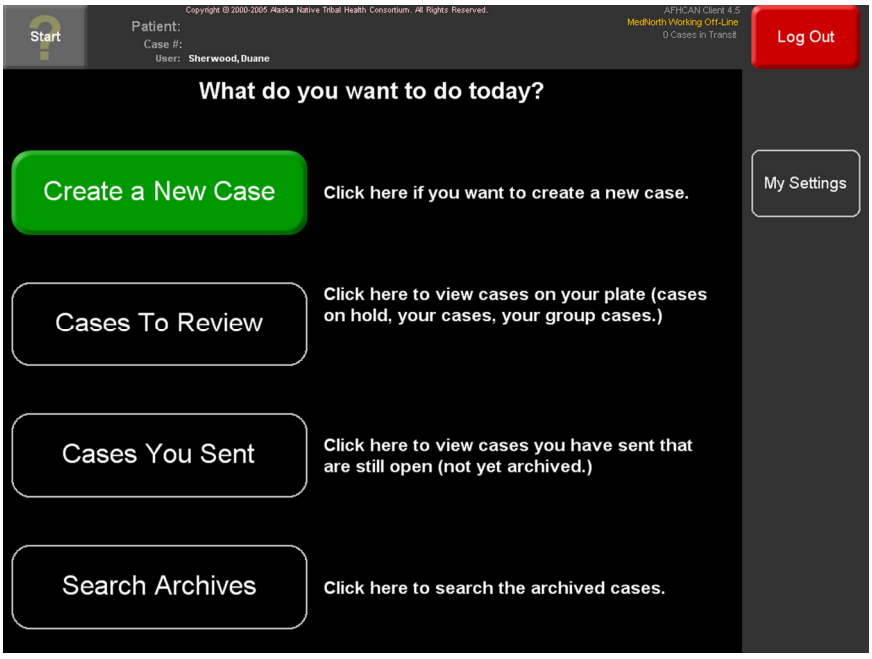

Start
Patient:
Case #:
User: Sherwood, Duane
AFHCAN Client 4.5
MedNorth Working Off-Line
0 Cases in Transit
Log Out
What do you want to do today?
Create a New Case
Click here if you want to create a new case.
My Settings
Cases To Review
Click here to view cases on your plate (cases on hold, your cases, your group cases.)
Cases You Sent
Click here to view cases you have sent that are still open (not yet archived.)
Search Archives
Click here to search the archived cases.

Figure 23
Limited functionality of working off-line is indicated on the screen

When Working Off-Line, new cases cannot be received, and other information normally shared by the server, such as patient information or new providers, will not be available. The patient

cannot be selected, but the patient can be identified and personal information can be entered manually. This information remains with the case, but it is not added to the list of patients. When the connection is restored, the client and the server exchange data on the most recent electronic transactions (except information about a patient entered manually while the Cart was off line). The system ensures that all the information is brought up to date as needed.

3.2.6.4 Typical Cart, Workstation, and Server Arrangement

A single server connected to a single AFHCAN Cart or PC workstation comprises a complete, functional AFHCAN system. However, a one-cart configuration would be of limited value as a communications tool. Normally a number of AFHCAN Carts and/or PC workstations at different locations are networked via one or more servers. Figure 24 shows how a server can link a number of Carts and PC workstations at different locations. Any one provider in the illustration can log in to a Cart or workstation and send a case to another provider or group at any connected location.

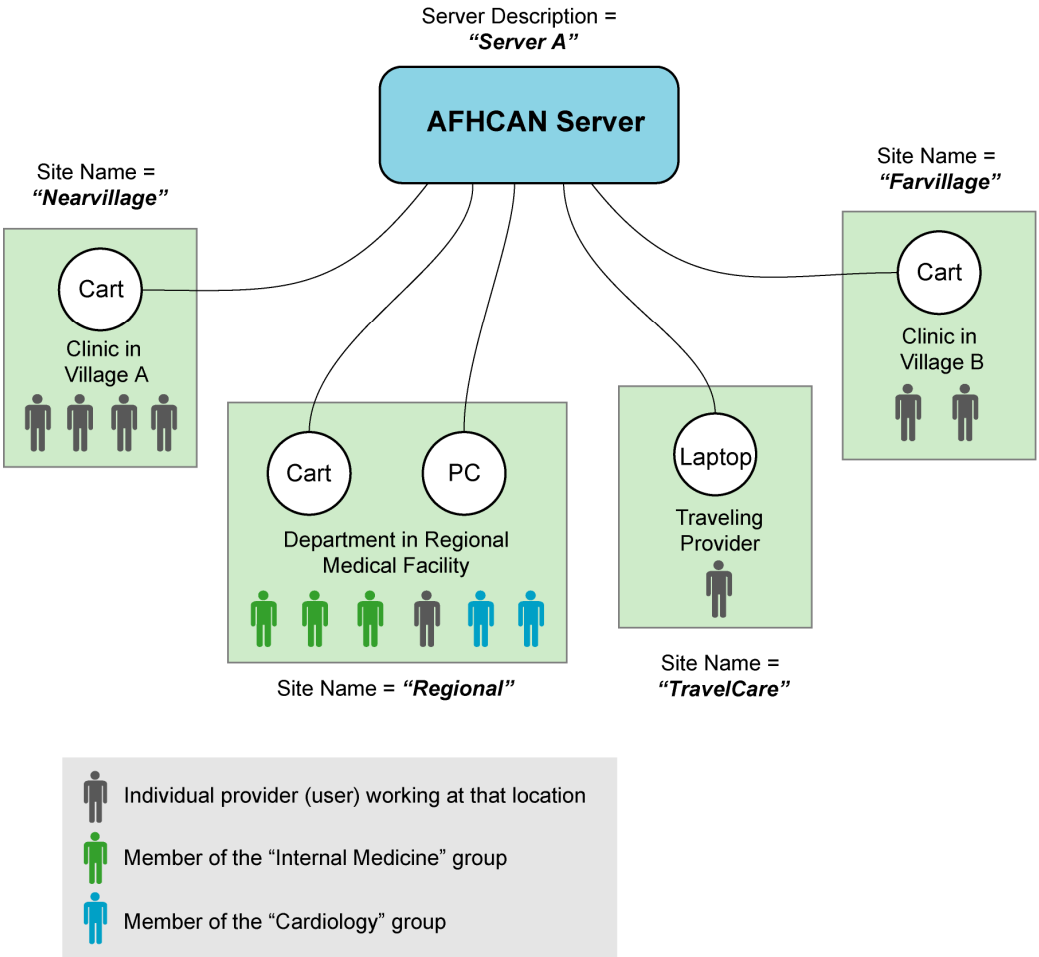


Figure 24
Hypothetical server configuration

3.2.6.5 Server-to-Server Communication

In the AFHCAN system, servers can be connected together via special computers called network *nodes* (see Figure 25). With server-to-server communications, users who log in under Server A can send cases to users or groups under Server B.

Server-to-server communications are set up by system administrators with assistance from AFHCAN technical support staff. Once a connection pathway has been defined, it is as if one server is communicating directly with another server. Being familiar with the idea of nodes helps put server-to-server communications into perspective.

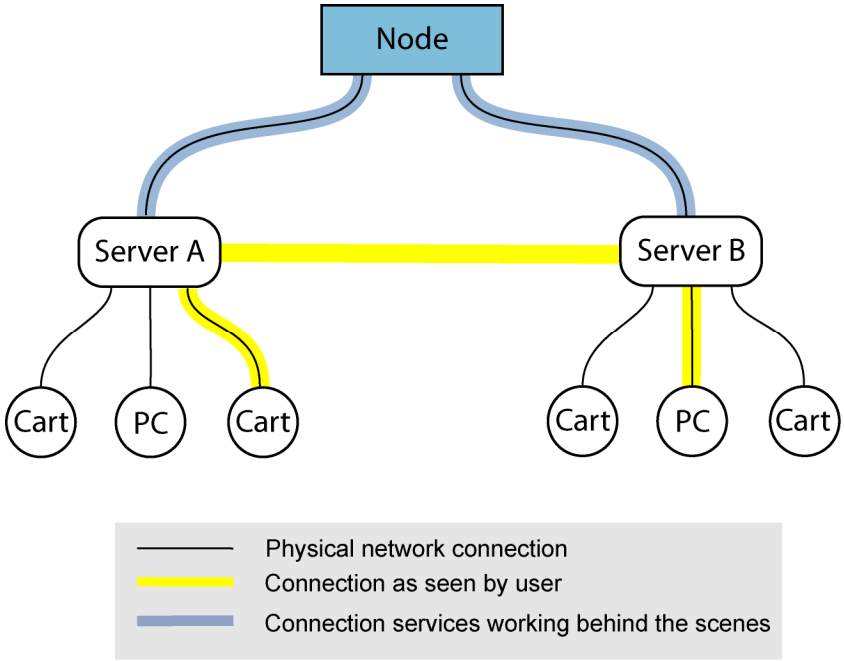


Figure 25
Network nodes and server-to-server communication

3.2.6.6 Local and Global Providers and Groups

When a user account is set up, the information is stored at the server. Once a user has been given a username and password, he or she can log into any AFHCAN Cart or PC workstation connected to that server. In similar fashion, groups are set up and stored at the server. All the users and all the groups established under a server are considered *local* to that server.

The idea of *local* and *global* providers applies to server-to-server communications. All users are designated as local or global by the administrator when their user accounts are created. Similarly, groups are designated as local or global when they are created.

In brief, the significance of local and global is as follows:

- When sending a case to a provider or group on your home server, you will be able to see all the users or groups, both local and global, who are established on your home server.
- When sending a case to a provider or group on another server, you will only be able so see the users or groups designated as *global* under that server.

If server-to-server communications have been set up, the first step in sending a case is to select the desired server. Your home server will appear in the list of available servers with the words "This Server" (see Figure 26). If you select your home server, you will be provided a list of all the users and all the groups established under that server, and you can select a recipient from that list.

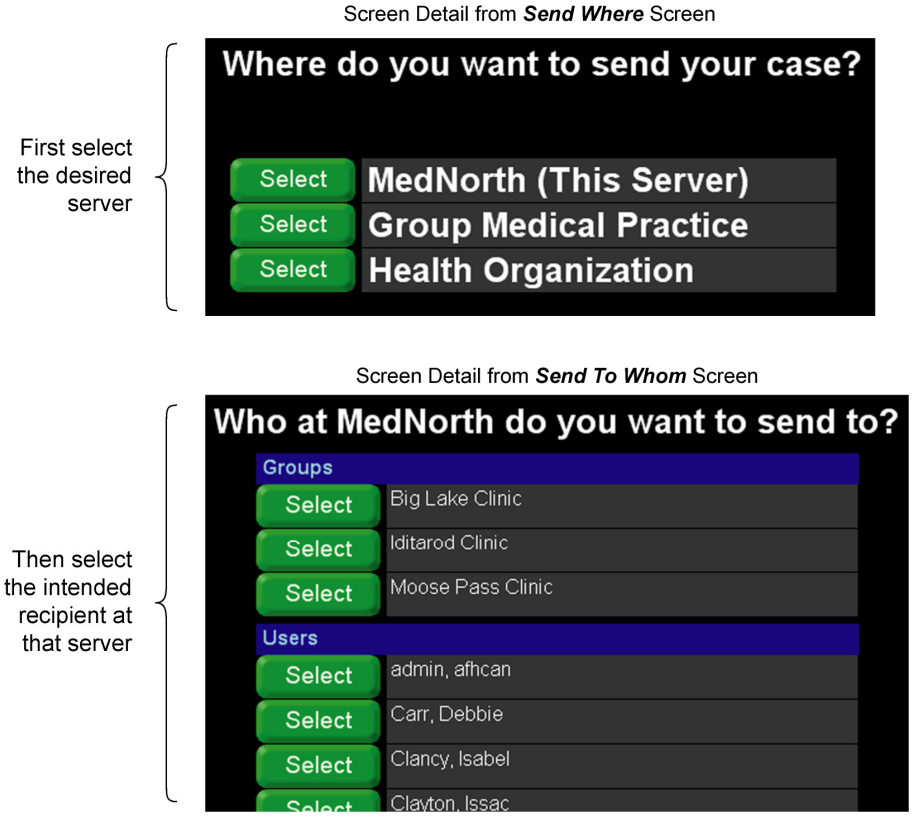


Figure 26
Selecting servers and recipients

If you select a server that is not your home server, the list of groups and users provided to you will include only groups and users who have been designated as *global*.

If you want to send a case to a recipient at another server, but that recipient does not show up in the list of possible recipients, it is either because he or she is not currently registered as a user or has not been designated as a *global* provider. This is primarily an administrative issue. Addressing this requires the two organizations to work together in establishing a new clinical workflow.

3.2.7 Standard Screen Features

This section covers features of the screens that are common to most screens.

3.2.7.1 Basic Screen Layout

Most screens can be divided into three main areas (see Figure 27):

- top bar
- right bar
- main viewing area

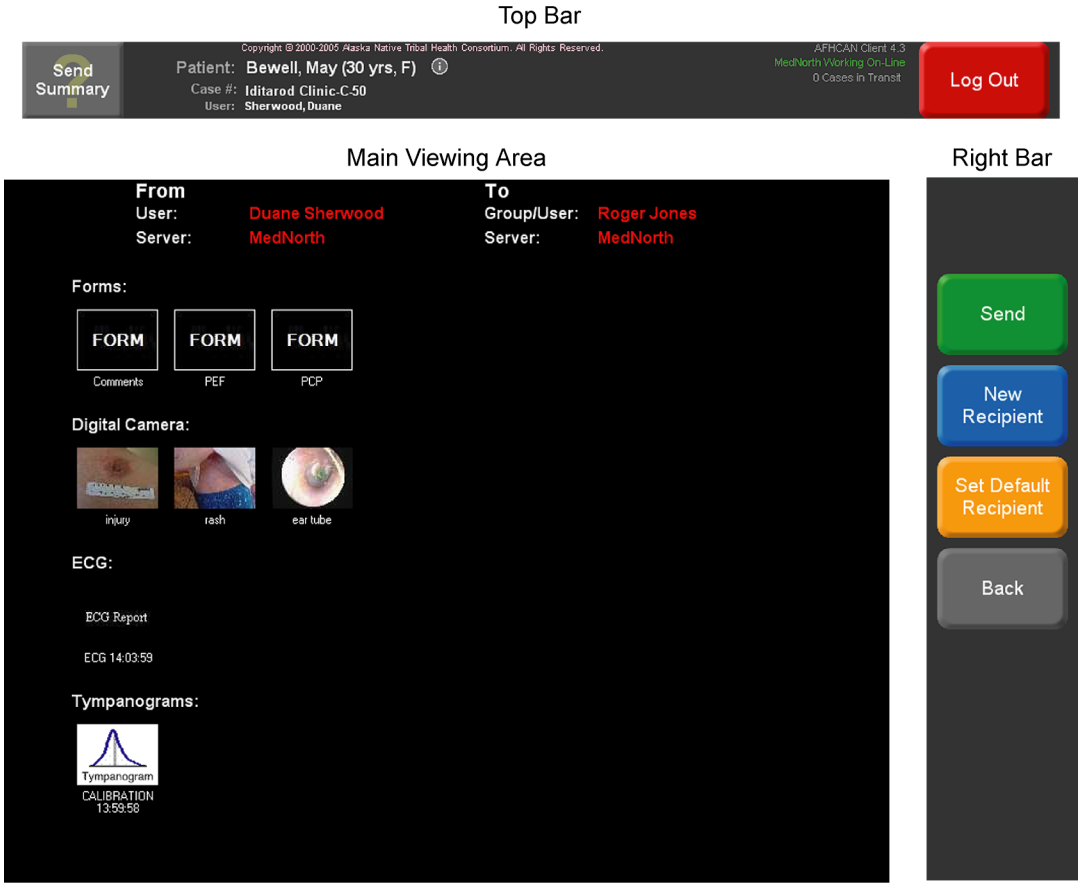


Figure 27
Major areas of screen displays

The ***Case*** screen splits off two additional areas from the main viewing area (see Figure 28):

- left bar
- lower area

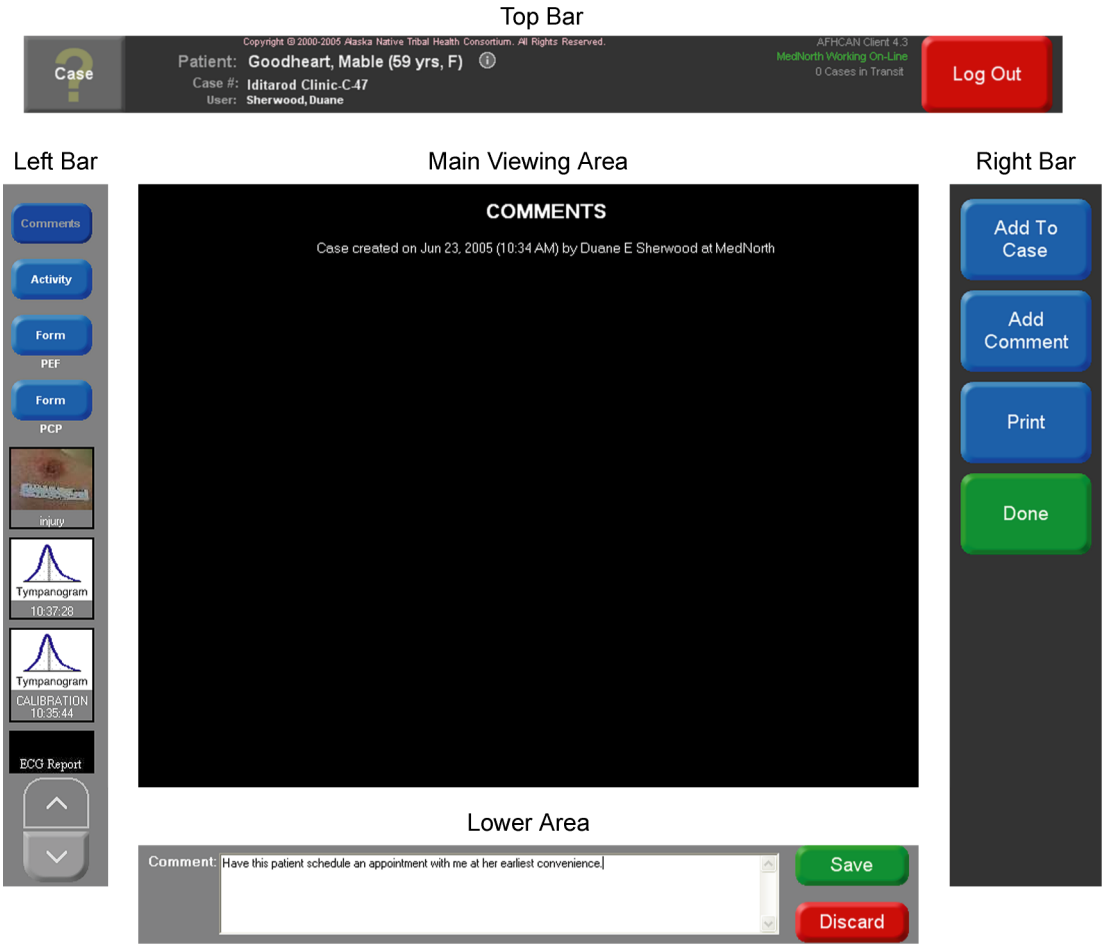


Figure 28
Additional areas of the ***Case*** screen

3.2.7.2 Top Bar Features

At the left of the top bar is the help button. Pressing the help button opens the on-screen help pages. All the help buttons are context-sensitive, which means they know what screen you are currently on and will open a help topic that applies to that screen. The name of the current screen is printed on the help button.

At the right of the top bar is the **Log Out** button. The **Log Out** button allows you to exit the software. You will be given an opportunity to confirm your decision to exit the software. Be aware that you can log out even if the data you are currently working on has not been saved. In most instances where logging out will result in lost data, the confirmation message will mention this.

Immediately to the right of the help button is an information area showing who is currently logged into the software, a case number if a case is open, and the patient name if one has been selected. Also listed is the patient's age and gender. If you need to confirm patient information, clicking on the circled **i** will bring up a window showing the patient's data (see Figure 29).

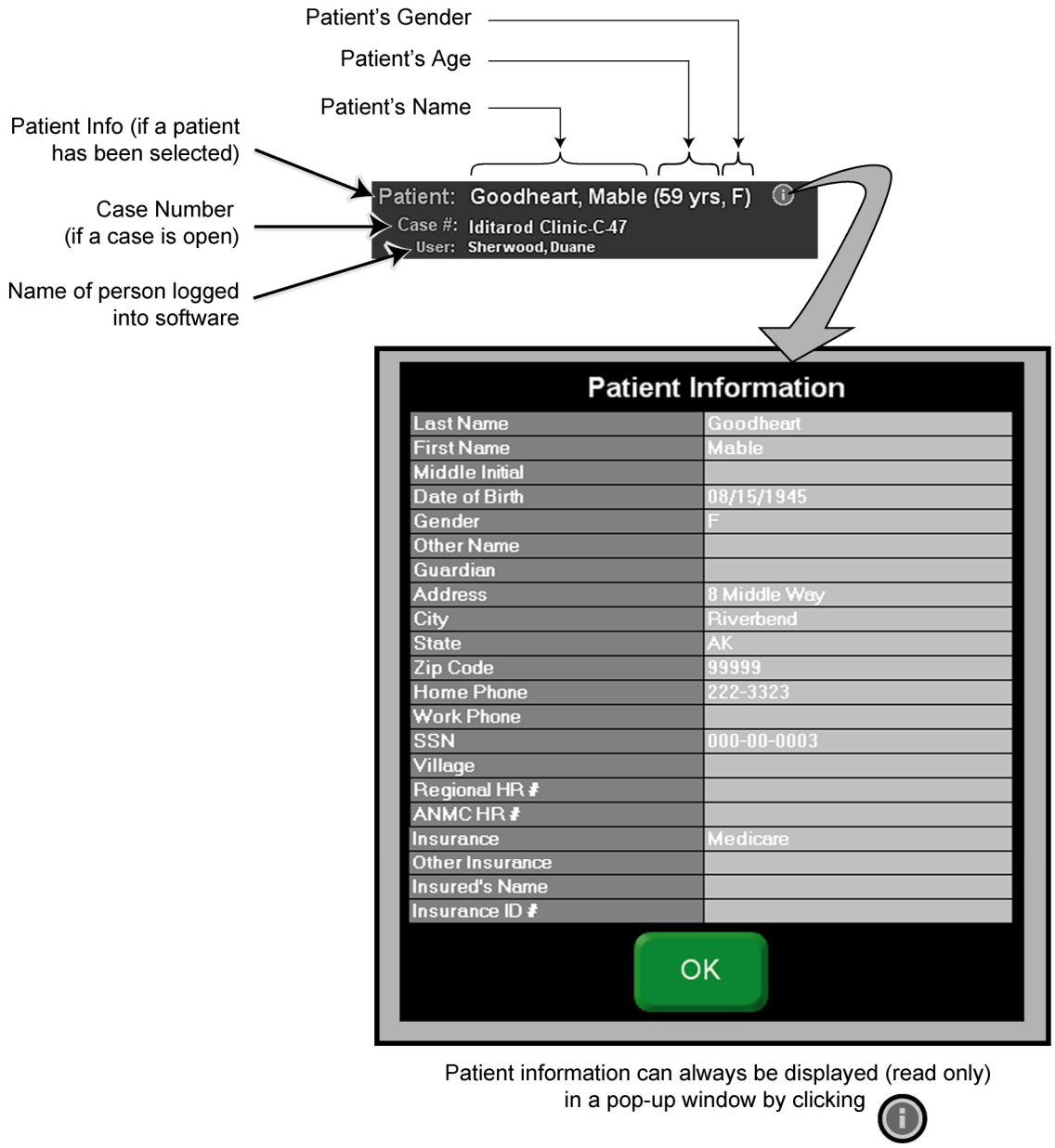


Figure 29
Patient and user data in top bar

On the right side of the top bar are four items of useful information (see Figure 30):

- software version number
- name of the network server to which Cart or PC workstation is connected
- the status of the server connection (Working On-Line or Working Off-Line)
- the number of cases recently sent from this Cart or PC workstation that are still in transit

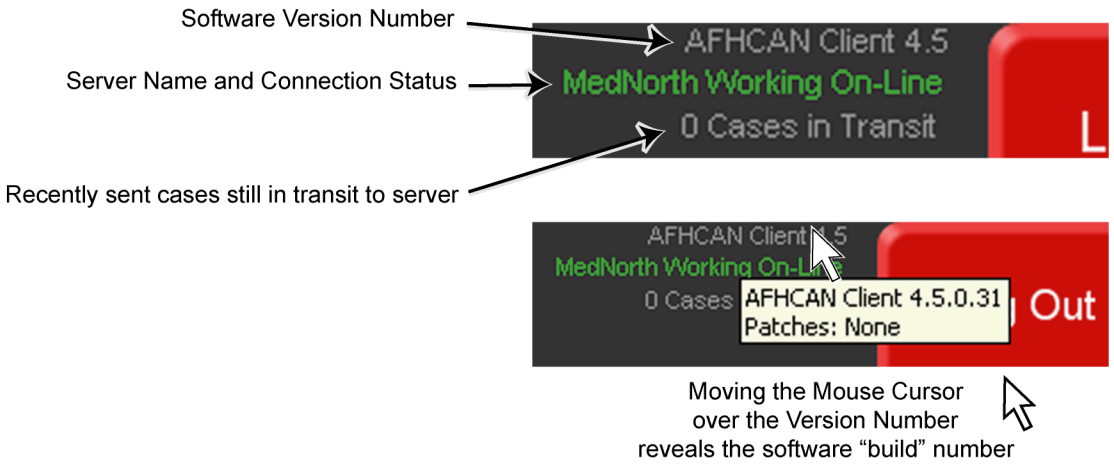


Figure 30
Top bar info and mouse-over version number

The software version number is only the first level of detail in identifying the specific software running on your computer. When speaking with customer support, or when evaluating the need for an upgrade, it will be helpful to know the specific "build" number of the software. The build number is a number used for controlling and defining the software development process. Moving the mouse cursor over the version number brings up a small text box showing the build number. The same applies to the software version number displayed on the login page.

Server name and connection status have been discussed previously.

The ***Cases in Transit*** indicator lets the user know how many cases recently sent by the user are still in the process of being downloaded to the server. As soon as a case has been completely received by the server, the ***Cases in Transit*** count will decrease by one.

3.2.7.3 Right Bar Features and Variations

The right bar area of the screen is used for buttons that perform major program actions or that provide screen-to-screen navigation capability. For any given screen, the set of buttons displayed in the right bar area may vary depending on where you are in a sequence. For example, in the ***Case*** screen, when you first view a case that has been sent to a group, the right bar area will include a **Take Case** button. Once you have taken the case, the **Take Case** button will be removed, the **Add To Case** and **Add Comment** buttons will appear (see Figure 31).

The idea of context-related variability in screen displays applies to more than just the right bar area. Simplicity and ease of use are design features of the AFHCAN software. By eliminating buttons and information that are inappropriate or unnecessary, it is easier to understand what is on the screen and what the available options are.

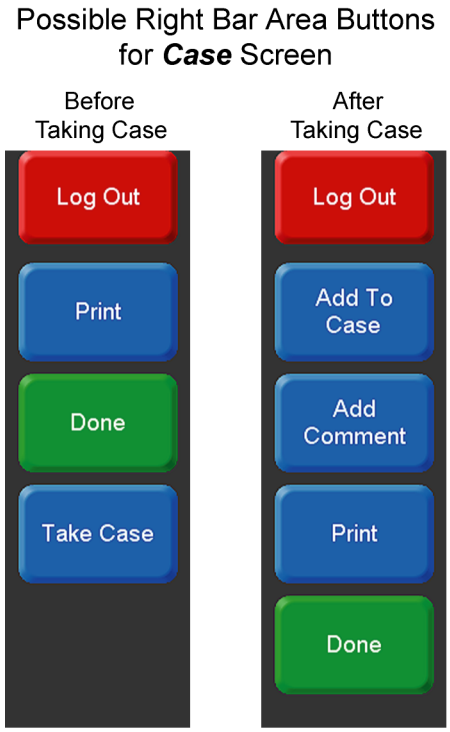


Figure 31
Example of variability in buttons presented in right bar area

3.2.7.4 Features of the Main Viewing Area

The main viewing area of each screen presents the significant information, instructions, and program actions relevant to the overall theme and function of the screen.

3.2.7.5 Features of the Left Bar Area

The ***Case*** screen is one screen that makes use of the left bar area. On the ***Case*** screen, the left bar area is used to display thumbnail images and buttons indicating the contents of the case. Clicking on a thumbnail image or button brings up the image, form, or information in the main viewing area. Selected buttons will be darkened. Selected thumbnail images will have a red border. Other screens that utilize image information will present thumbnail images in the left bar area.

3.2.7.6 Features of the Bottom Area

The bottom area of the screen is used for entering comments, naming images or information, or image control tools. An image cannot be saved until it has been given a unique name (see Figure 32).

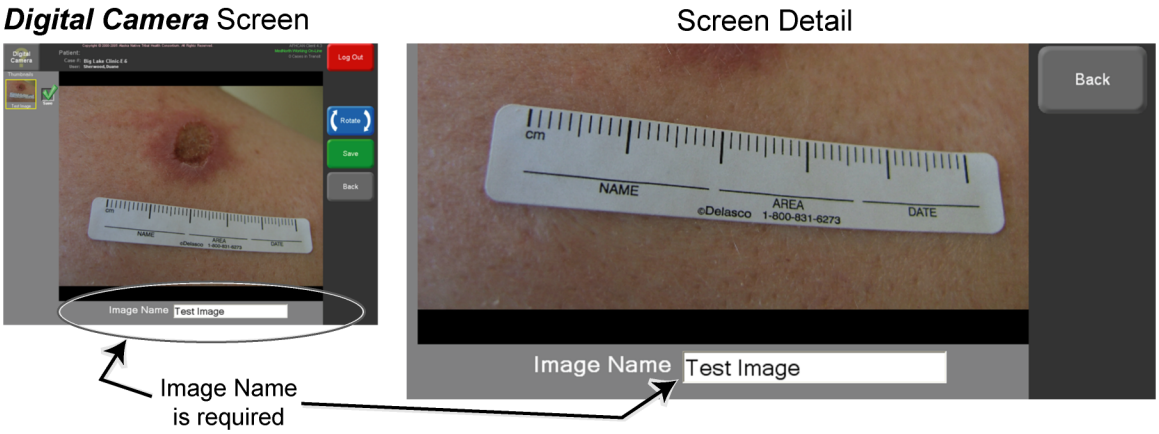


Figure 32
Example of image name in bottom area

3.2.7.7 List Navigation Tools and Scroll Buttons

A number of screens display lists of items (cases, patients, etc.). If the list is short enough, the entire list will appear on the screen. If there are more items in the list than will fit on a single screen, navigation buttons will be displayed as needed so you can view the additional items. In similar fashion, forms that are too large to view on a single screen will include scroll buttons so you can move through the form and see all the information.

The following are some examples of these tools and buttons:

Press to expand a list of items hidden under a category bar.

Press to collapse a list of items into their respective category bar.

Scroll up or down a form or other list one line at a time.

Scroll up or down an entire page at a time (or whatever part of a page remains).

Move down or forward in the list.

Move up or backwards in the list.

Move down or forward in the list.

Move up or backwards in the list.

Step backwards through a sequence of screens without making changes.

If items displayed in a list include column headings, clicking on one of the column headings will sort the records by the information in that column (see Figure 33). Clicking on a column heading a second time will sort in the opposite direction (e.g., from A to Z, or Z to A for text information). The selected column heading is lighter than the others.

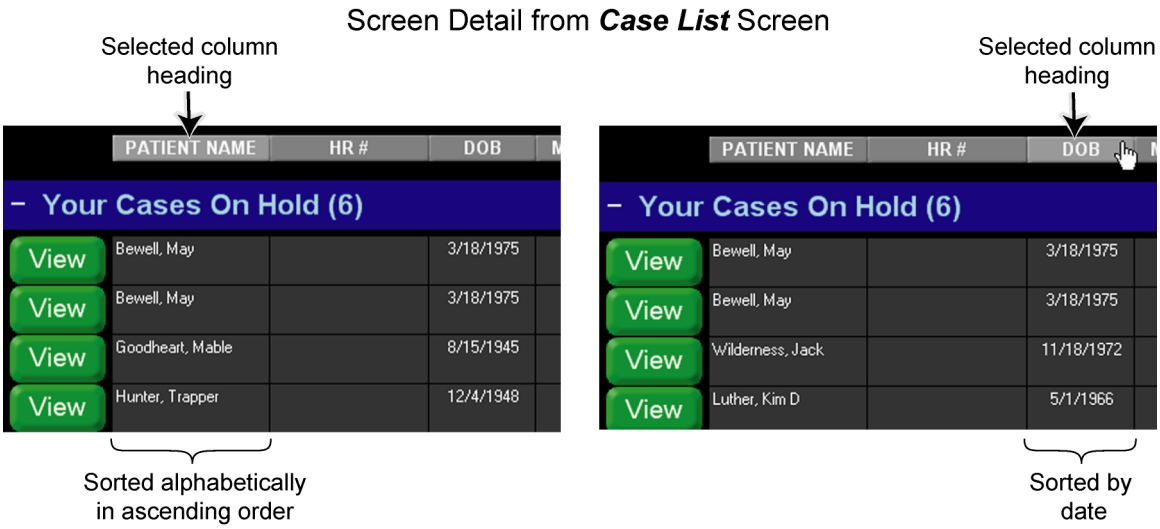


Figure 33
Clicking on column headings to sort lists

3.2.7.8 Intelligent Search Strategies

There are two general situations where users will encounter search screens:

- when identifying a patient
- when looking for a case

In time the number of records involved may be quite large, especially where archived cases are concerned. In AFHCAN software, the rule is that blanks are like wildcard characters – anything will be accepted as a match. Thus if you leave all fields blank, the entire list of records will be returned. If many cases have been archived, it can take several minutes for the computer to process the search and return the results.

The goal of entering search criteria is to return a small number of records that include the one case or patient you are looking for. The following are some general pointers for entering search criteria:

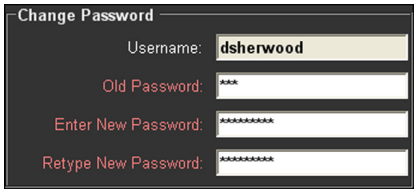
- begin with what you know, such as:
  - first letter of the patient's last name
  - the approximate date when the case was created
  - the first letter of the name of the person who created the case
  - the first character of the case number
- think in terms of bracketing the desired record
- use the minimal amount of information necessary for obtaining a reasonable result (this is a skill that improves with practice)
- if you know an exact item, you can go directly to the desired record
  - social security number
  - case number

3.2.7.9 Color Information

The AFHCAN software uses color to generally indicate the importance of an item:

- red — think twice, the selection may have consequences or cause inconvenience
- green — indicates the typical path through the software
- blue — an alternative to the primary path or a relatively neutral selection
- amber — a special feature
- grey — a neutral path through the software
- purple — used to mark a test case or a test patient

Textual information is typed into data entry fields, but not all data entry fields are available for entering new information. When data entry fields are unavailable, they will have a slight darkening of the background. On the ***My Settings*** screen detail at the right, the Username is shaded. The user cannot enter information into this field. Only administrators can change a username.



3.2.7.10 Image Control Tools

A considerable amount of the medical information that can be added to a case is in the form of a digital image. Some of the available devices that can provide a digital image include the following:

- scanner
- digital camera

- video otoscope
- dental camera

There are some image control features that are common to these screens. The examples below are based on the ***Case*** screen.

Clicking on a thumbnail brings the associated digital image up in the main viewing area of the screen. Double-clicking on the image itself brings up the image control tools (see Figure 34).

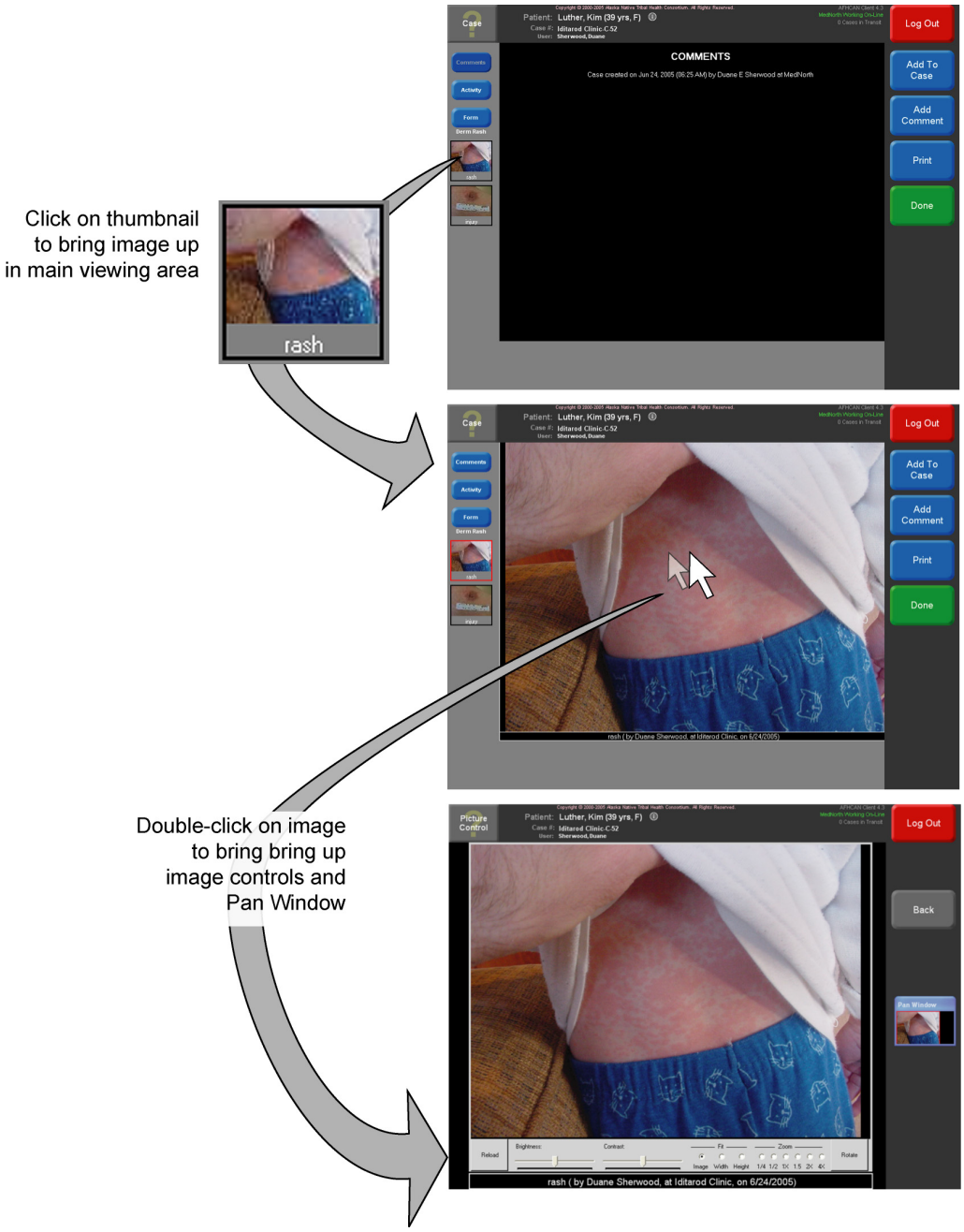


Figure 34
Sequence for activating the image control tools

One feature of the ***Picture Control*** screen is a small Pan Window in the right bar area (see Figure 35). When the main image is enlarged, only a part of the image is visible in the main viewing area. The Pan window includes a tiny red rectangle to show what part of the overall image is in view. You can click on, hold, and drag the rectangle to bring different parts of the image into the main viewing area.

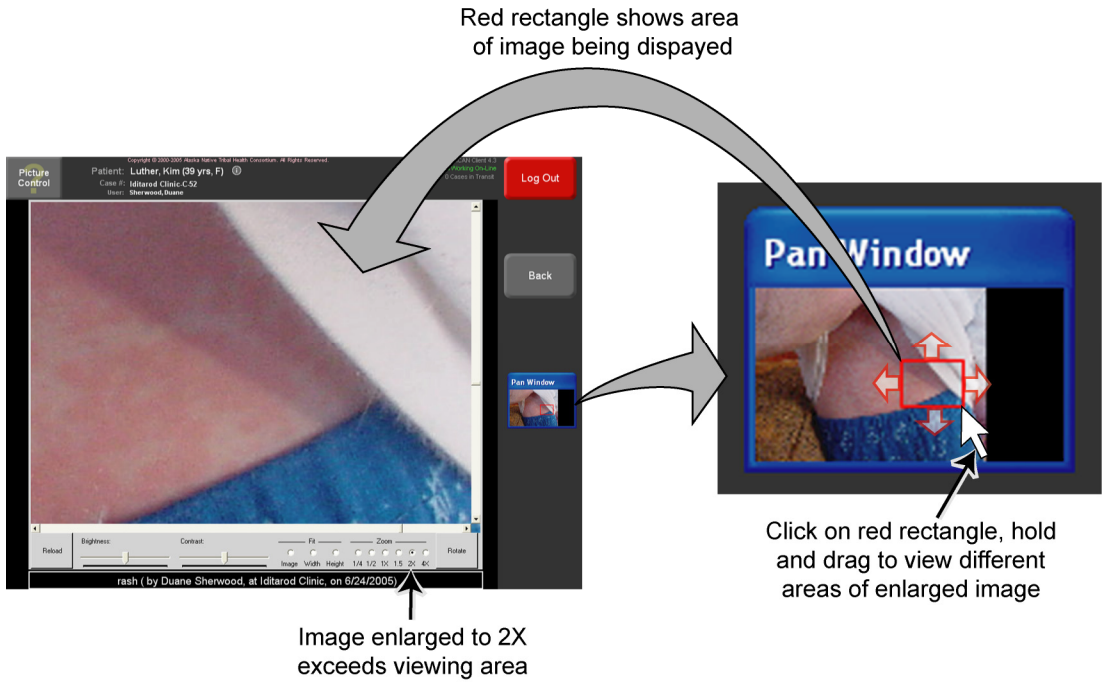
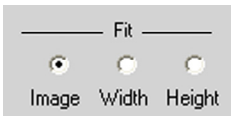

Red rectangle shows area of image being dispayed
Log Out
Back
Pan Window
Click on red rectangle, hold and drag to view different areas of enlarged image
Image enlarged to 2X exceeds viewing area

Figure 35
Using the pan window

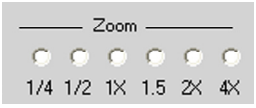
Image control functions are described below.

The effects of image controls are temporary. The **Reload** button reloads the original image.

Brightness and ***Contrast*** of the displayed image can be adjusted using the slider controls.



The ***Fit*** function allows the image to be resized so the entire image fits fully into the viewing area. Fit entire width, fit entire height, or fit whole image are the options.



The ***Zoom*** function allows you to enlarge or reduce the size of the image.

The **Rotate** button allows you to rotate the displayed image counterclockwise in 90-degree increments.

3.2.8 Printing

The information in a case can be printed from the ***Case*** screen. Pressing the **Print** button opens the print window shown in Figure 36.

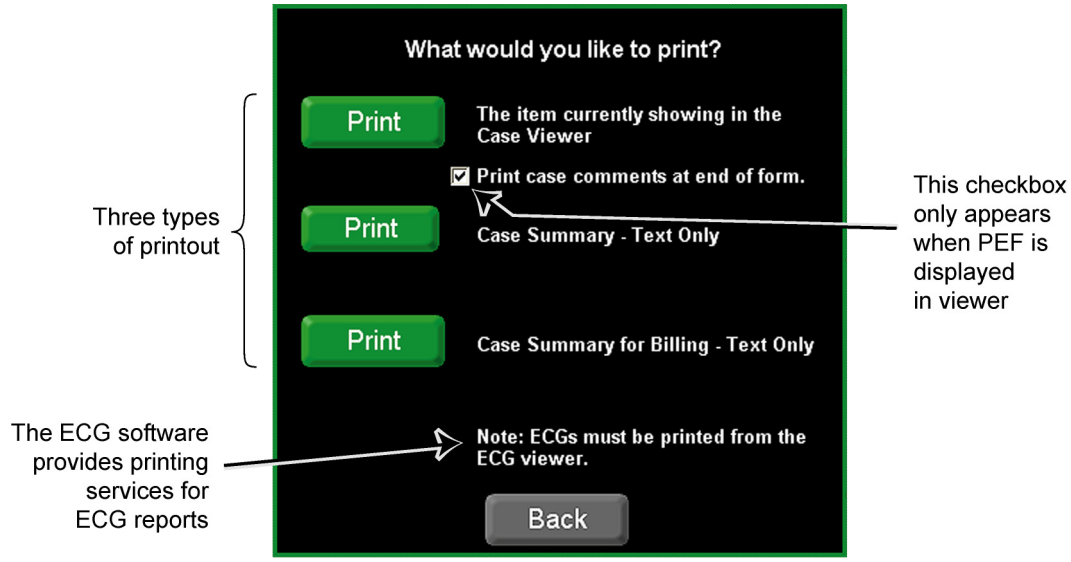

What would you like to print?
Print
The item currently showing in the Case Viewer
Print case comments at end of form.
Print
Case Summary - Text Only
Print
Case Summary for Billing - Text Only
Note: ECGs must be printed from the ECG viewer.
Back
Three types of printout
This checkbox only appears when PEF is displayed in viewer
The ECG software provides printing services for ECG reports

Figure 36
Print window

The print window offers three styles or types of printout:

- a printout featuring the item displayed in the case viewer area, which could be one of the following (depending on what's available in the case):
  - list of comments
  - list of activities
  - forms
  - images
  - data
- a summary of the case (text only), listing the following information:
  - providers

  - consultation date
  - list of information added to the case at each encounter
  - list of case comments
- a case summary for use in billing, providing the following information:
  - list of comments and activities, dates, and the providers involved
  - areas for writing in billing details and signing the form

Pressing one of the **Print** buttons opens the selected printout in a print preview window, as shown in Figure 37. The print preview window is a utility program incorporated into AFHCAN software. This utility has its own controls for zooming in, displaying multiple pages, moving to the next page, etc., as shown in Figure 38.

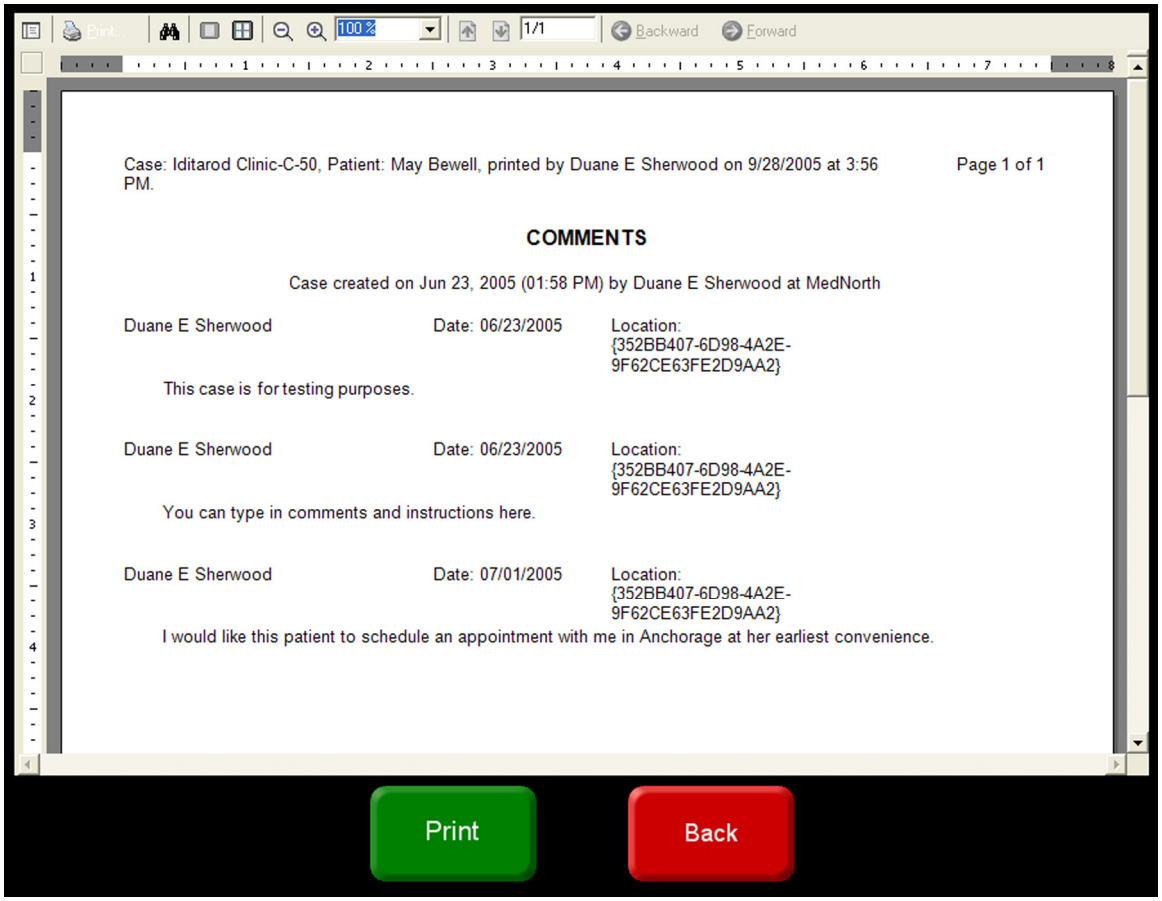

Print...
100%
1/1
Backward
Forward
Case: Iditarod Clinic-C-50, Patient: May Bewell, printed by Duane E Sherwood on 9/28/2005 at 3:56 PM.
Page 1 of 1
COMMENTS
Case created on Jun 23, 2005 (01:58 PM) by Duane E Sherwood at MedNorth
Duane E Sherwood
Date: 06/23/2005
Location: {352BB407-6D98-4A2E-9F62CE63FE2D9AA2}
This case is for testing purposes.
Duane E Sherwood
Date: 06/23/2005
Location: {352BB407-6D98-4A2E-9F62CE63FE2D9AA2}
You can type in comments and instructions here.
Duane E Sherwood
Date: 07/01/2005
Location: {352BB407-6D98-4A2E-9F62CE63FE2D9AA2}
I would like this patient to schedule an appointment with me in Anchorage at her earliest convenience.
Print
Back

Figure 37
Example of the print preview window

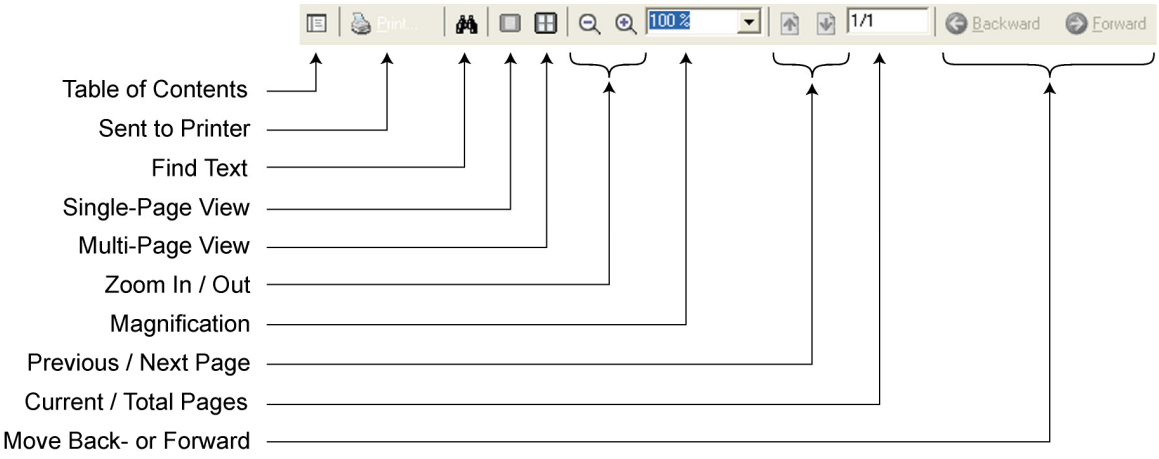


Figure 38
Print preview window tools

Pressing the **Print** button in the preview window brings up a standard Microsoft window where you can select the printer, change printer settings, and print the report. If your Cart or PC does not have a printer connected to it, contact your administrator or IT department to have one installed.

Appendix – AFHCAN Glossary

The following is a general glossary of AFHCAN terms and abbreviations.

.Net ("dot-net")	A software development platform developed by Microsoft that AFHCAN adopted in the development of its 2005 software upgrade.
administrator	An administrator is a user who has been assigned a provider role of ADMIN. An administrator is a special class of user who can access the administrative functions in the AFHCAN software. Each AFHCAN cart is connected to a server. Each server is controlled by one or more administrators. Typical administrator functions include setting up providers with user accounts, establishing connections with other servers, and performing other technical functions that normally take place in the background. Most administrators receive special training.
AFHCAN	Alaska Federal Health Care Access Network AFHCAN is an organizational unit within ANTHC.
AFHCAN Cart	A telemedicine device designed by AFHCAN that allows medical data and images to be collected and stored into a computer and transmitted over a network to another AFHCAN Cart or PC workstation running AFHCAN Software. The AFHCAN Cart includes a computer, touch-screen monitor, scanner, digital camera, and various medical devices such as a video otoscope, dental camera, ECG monitor, and other items.
ANMC	Alaska Native Medical Center A hospital in Anchorage providing healthcare to Native Americans in Alaska that operates under the auspices of ANTHC.
ANTHC	Alaska Native Tribal Health Consortium An organization made up of regional tribal health organizations that coordinates delivery of healthcare to Native Americans in Alaska.
archive	A place where finished cases can be stored electronically on the server. The only way to close a case is to archive it. Archived cases can be viewed and printed, and comments can be added to the case, but the case cannot be reopened, and medical information can neither be added nor extracted.
ATS	Advanced Telemedicine System The software package developed by AFHCAN. The .Net software is a version of ATS.
ATW	Advanced Telemedicine Workstation An obsolete name for an AFHCAN Cart.

case	On the AFHCAN system, a case is a collection of medical information and personal data for a patient, usually associated with an episode of medical care.
case-sensitive	A requirement placed on data entry fields where the use of capital or lower-case letters is recognized as part of the matching criteria. With case-sensitive data, the word *Provider* would not match the word *provider*, for example. In AFHCAN software, applies to passwords.
CHA/P	Community Health Aide / Practitioner A medical provider, usually in a rural Alaskan village, who provides primary health care under remotely provided medical supervision.
client	The portion of AFHCAN software that runs on an AFHCAN Cart or PC workstation. Client software provides the screen displays that allow a user to use the AFHCAN software. The client software communicates with a server, and depends on the server to provide information and network connections.
comment	One or more general notes or remarks included in a case.
CPU	central processing unit In general, the term CPU is often used to refer to the main electronics box of a computer system. (Other parts of a computer system would include the monitor, keyboard, mouse, and attached peripheral devices.) In the strictest sense, the CPU is the part of a computer that executes computer instructions and performs calculations.
data service	A component in the AFHCAN .Net software that allows information to be communicated between a workstation and a server. The data service runs in the background, sending and receiving information whenever the network connection is available.
default recipient	The name of a provider or group that is offered by the software as a first choice when a case is sent; a different recipient than the one proposed by the software can always be selected; a different recipient can be designated as the default recipient by the user.
ECG	electrocardiogram A medical device that records and analyzes a patient's heartbeat.
FDA	Food and Drug Administration
global	Providers or groups can be designated as *global* or *local*. In the AFHCAN network, one or more workstations are connected to a server. Furthermore, servers can communicate with other servers via a larger network system. Providers and groups assigned to a particular server are local to that server. When cases are sent to providers or groups assigned under a different server, those providers or groups must be designated as global in order to appear on the sending workstation's list of recipients.

group	A defined list or set of providers to whom a case may be sent. When a case is sent to a group, all members in the group are notified that a case is available. The first person in the group to take the case assumes responsibility for handling that case. Normally groups include similar types of practitioners, each of whom is qualified to handle the cases sent to that group.
GUI	graphical user interface The GUI includes the screen displays, buttons, data entry fields, messages, and other features that allow the user to operate the software. A graphical user interface depends on graphics such as the mouse pointer, pictures, and clickable spots on the screen to help the user understand the choices available.
hold	Placing a case on hold allows a user to temporarily save and exit from the case before it is sent. This is useful if required data cannot be added to the case in a single session. The case can be opened, completed, and sent at a later time by pushing the **Cases to Review** button on the ***Start*** screen.
local	Providers or groups can be designated as *local* or *global*. In the AFHCAN network, one or more workstations are connected to a server. Furthermore, servers can communicate with other servers via a larger network system. A server administrator adds to and edits the list of providers who can log into workstations connected to his or her server. With regard to that server, these providers are considered local to that server. The administrator also establishes groups, and assigns various providers to the groups, as appropriate. Again, these groups would be considered local to that server.
logging in	The process of starting a piece of software and identifying yourself as an authorized user.
network	A system of communications hardware, computers, and specialized software that allows computers to communicate with each other.
node	A computer dedicated to helping servers communicate with each other.
password	A secret word or code, associated with a given username, that users enter to verify their identity. Passwords are assigned by an administrator, but should be changed by the user. An administrator can overwrite someone's password, but cannot find out what someone's password is. Passwords are case-sensitive.
patient	An individual to whom medical care is given. On the AFHCAN system, each patient can be uniquely identified by the social security number.

PC	personal computer A computer designed for use in the home or office by one user at a time; includes desktop computers and laptop computers. AFHCAN software is designed to run on a PC.
PC workstation	A personal computer (including laptops) running AFHCAN Client Software and connected to an AFHCAN network.
PEF	patient encounter form The patient encounter form is one of the forms available in AFHCAN software for documenting a patient's signs and symptoms.
peripheral	A device connected to a computer. On an AFHCAN Cart, peripherals comprise the various medical devices attached to the cart. The cart can capture images and data from these devices, and add this information to a case. Non-medical devices such as the scanner and media reader can also be considered as peripherals.
provider	In the context of AFHCAN software, a healthcare professional at any level using the software to communicate patient data and medical information in support of patient care. The term *provider* is often used interchangeably with the term *user*.
provider role	A provider role is a class of software user that defines which features of the AFHCAN software will be available to that user. All users of AFHCAN software are assigned a provider role by the administrator. Each provider role has different privileges with regard to the features they can access in the software. The four provider roles are as follows: SETUP_USER TEST_USER REAL_USER ADMIN The four provider roles are listed in order of increasing privileges. Most users will be classified as REAL_USERs, meaning they can create real cases. Users assigned the ADMIN provider role are local administrators for the server to which a Cart or workstation is connected. The software recognizes which provider role a user has when the user logs in, and provides access to features in the software in accordance with the privileges granted to each role.
real case	In contrast to a *test case*, a real case is one involving a real patient and real medical information.
server	A computer running AFHCAN Server Software that provides connectivity and support to one or more workstations running AFHCAN client software. The server stores the important information such as patient information, provider information, and case information. A user with a provider role of ADMIN can log in at a workstation and access a number of special functions on the server.

site	In the AFHCAN system, a site is a name associated with one or more AFHCAN Carts or PC workstations. The site name is often based on the physical location of an AFHCAN Cart. Site names must be established by an administrator first, and then it can be assigned to the AFHCAN Cart or PC workstation when it is installed. Sites can also be set up on the basis of functional areas or responsibilities within an organization.
SSN	social security number This number is assigned by the Social Security Administration and is used for identifying employees who participate in the Social Security System. This number is often used as a unique identifier for an individual in financial, medical, military, and other important records.
store-and-forward	A method of communicating case information that stores all the information at the local workstation while the case is being developed, then sends (forwards) the information over a network to another workstation (or local server) for review at a later time. At the receiving computer, communications software assembles all the information before the recipient is notified that a case is available. The store-and-forward method significantly reduces the need to wait online while information is downloaded at the receiving computer. Store-and-forward also overcomes many connectivity problems of wide area networks and satellite communications.
telehealth	A synonym for *telemedicine*.
telemedicine	"The use of telecommunications equipment and information technology to provide clinical care to individuals at distant sites and the transmission of medical and surgical information and images needed to provide that care." -- from *Mosby's Medical, Nursing, & Allied Health Dictionary, Sixth Edition*
test case	A test case is a case created for training or demonstration purposes. It allows users to practice using the software using a fictitious patient. Test cases are clearly identified throughout the software.
thumbnail	A thumbnail is a miniature (thumbnail-sized) copy of an image that is used for identifying and selecting an image for presentation in a full-size image viewer. Thumbnails are used because a number of thumbnail-sized images can be offered in a small area of the screen. This makes the process of selecting the best images or discarding bad ones easier because it gives you an overview of what you have.
UPS	uninterruptible power supply A device that automatically supplies emergency power for a short time when there is a power failure. A UPS contains batteries that are charged when normal power is available.

user	A user is someone who uses AFHCAN telemedicine software. All users are assigned a unique username and password with which to log into the software. The username and password are provided by an administrator. In most cases, a user will be a healthcare provider. In the context of AFHCAN software, the terms *user* and *provider* are often used interchangeably. Strictly speaking, however, not all users are healthcare providers; some users are technical or administrative staff. The AFHCAN software recognizes four types of users. These four types are spoken of as provider roles.
username	A unique name assigned to a user that is entered during the login process. Often a username is made from the first letter of the first name and the first seven letters of the last name. Other methods for creating usernames can be used. Under the domain of a server, all usernames must be unique. Usernames are assigned by an administrator.

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